Rocky Mountain Medical Journal

Come to the Midwinter Clinics Feb. 21-24

Vol. 47—No. 2
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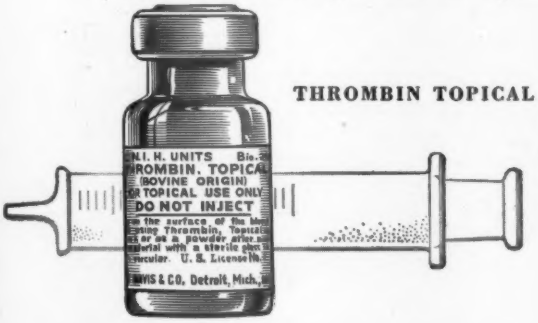

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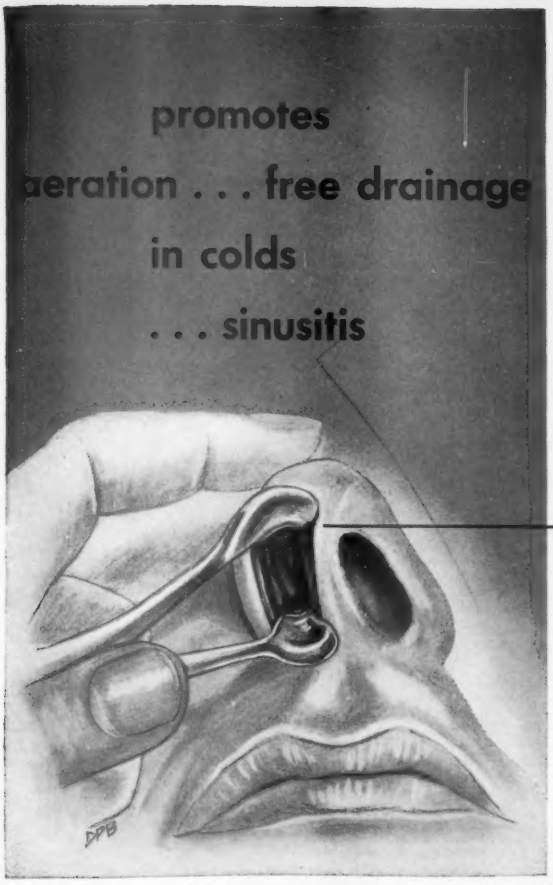

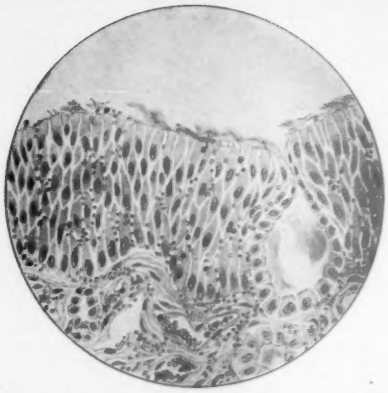

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Title Registered, U.S. Patent Office

Publication Office:
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Telephone CHerry 5521.

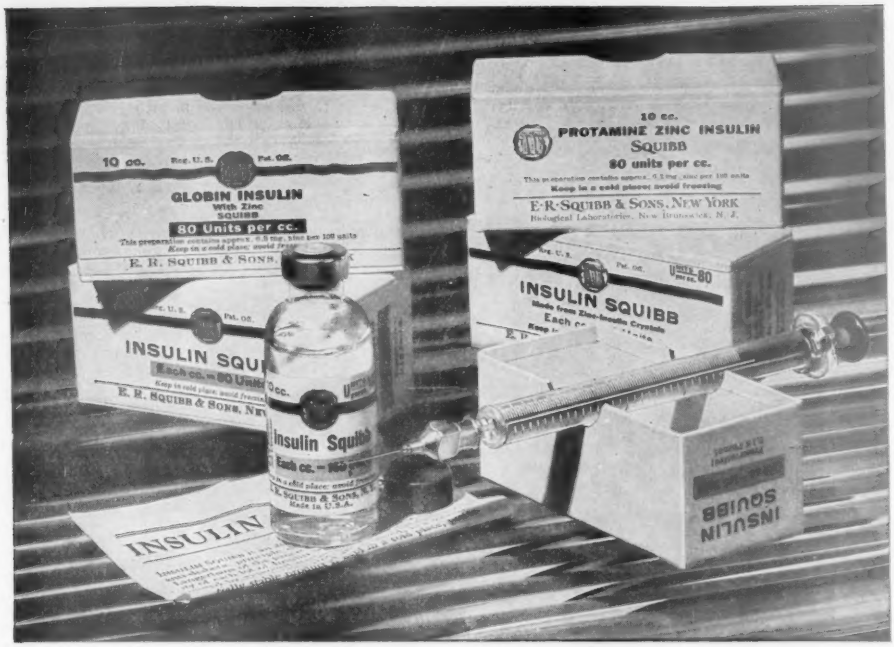
Ownership and Sponsorship: The Rocky Mountain Medical Journal is owned by the Colorado State Medical Society and is published monthly as a non-profit enterprise for the mutual benefit of the organizations which jointly sponsor it. It is published under the direction of the Board of Trustees of the Colorado State Medical Society, assisted by an Editorial Board representing the sponsoring organizations. It is the Official Journal of the Colorado State Medical Society, the Montana State Medical Association, the New Mexico Medical Society, the Utah State Medical Association, the Wyoming State Medical Society, the Rocky Mountain Medical Conference, and the Colorado Hospital Association.

Manuscripts: Scientific Articles, Case Reports, etc., from any state for which this is the Official Journal should be submitted to the Scientific Editor for that state as named in the Editorial Board, above. Other material from any participating state should be submitted to the Associate Editor for that state as named above. Manuscripts from outside the Rocky Mountain area should be sent direct to the Journal office. Manuscripts must be typewritten, double or triple spaced, using only one side of each sheet. It is the policy of this Journal to omit bibliographies.

Advertising: National representatives: The Cooperative Medical Advertising Bureau, 535 North Dearborn Street, Chicago 10, Ill. Local advertising from firms in the Rocky Mountain area should be submitted to the Associate Editor of the appropriate state or to the Journal office. Advertising forms close on the 20th of the month preceding publication; allow ten days additional to insure submitting proofs for approval.

Subscription: $2.50 per year in advance, postpaid in the United States and its possessions; single copy, 25 cents plus postage. Subscription is included in medical society dues of sponsoring state medical organizations.

Second Class Matter: Entered as second class matter Jan. 22, 1906, at the Postoffice at Denver, Colo., under the Act of Congress of March 3, 1879. Accepted for mailing at special rates of postage provided for in Section 1103, Act of Oct. 3, 1917; authorized July 17, 1918.



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General Counsel: Mr. J. Peter Nordlund, Attorney-at-Law, Denver.

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Arrangements: To be appointed.

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Mental Hygiene: F. H. Zimmerman, Pueblo, Chairman; Bradford Murphey, Denver; J. M. Lyon, Denver.

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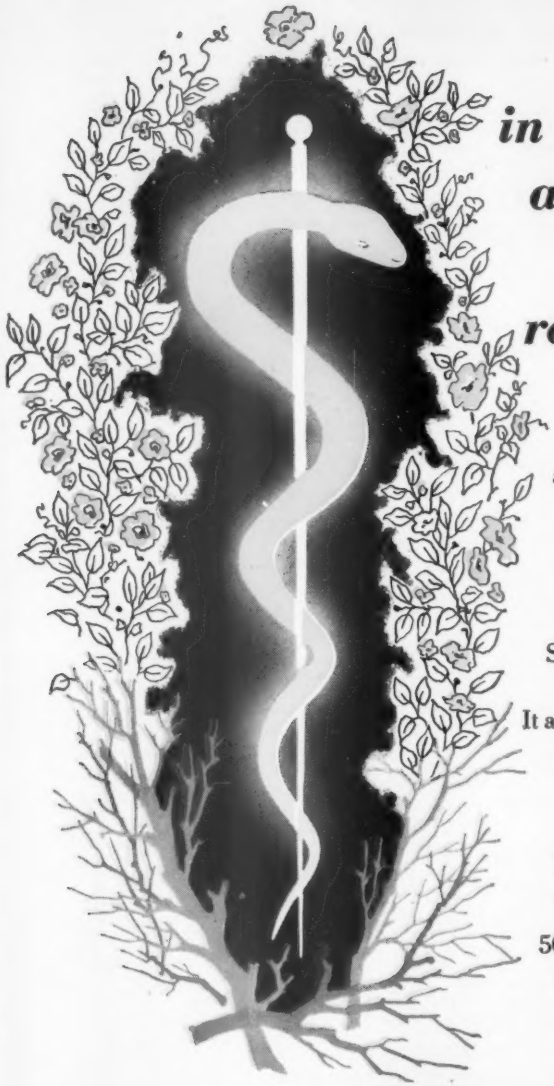
Representatives to Adult Education Council: Cyrus W. Anderson and William E. Hay, both of Denver.



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NEXT ANNUAL SESSION: BOZEMAN, MONTANA, SUMMER, 1950

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Terms of Officers and Committees expire at the Annual Session in the year indicated. Where no year is indicated, the term is for one year only and expires at 1950 Annual Session.

President: Thomas F. Walker, Great Falls.
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Rocky Mountain Medical Conference Committee; Thos. F. Walker, Great Falls, 1950; John E. Hynes, Billings, 1951; F. K. Wanlata, Great Falls, 1952; H. W. Gregg, Butte, 1953; H. T. Caraway, Billings, 1954.

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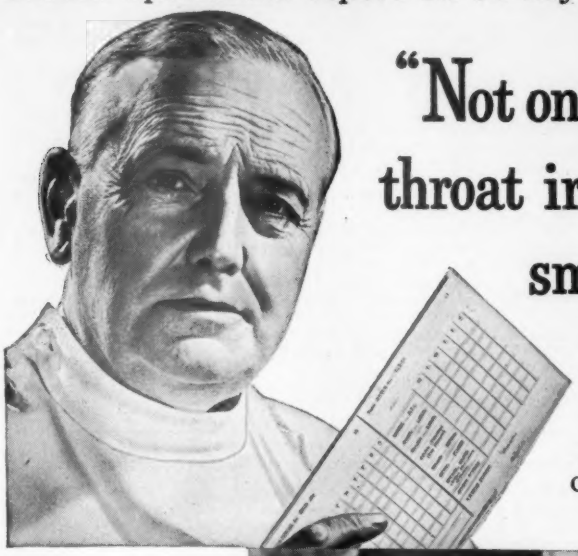
Throat Specialists report on 30-day test of Camel smokers:



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Long Island housewife Edna Wright, one of the hundreds of people from coast to coast who made the 30-day Camel mildness test under the observation of throat specialists.

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than any other cigarette

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Alternate Delegate to A.M.A.: C. H. Gellenthien, Valmora, 1950.

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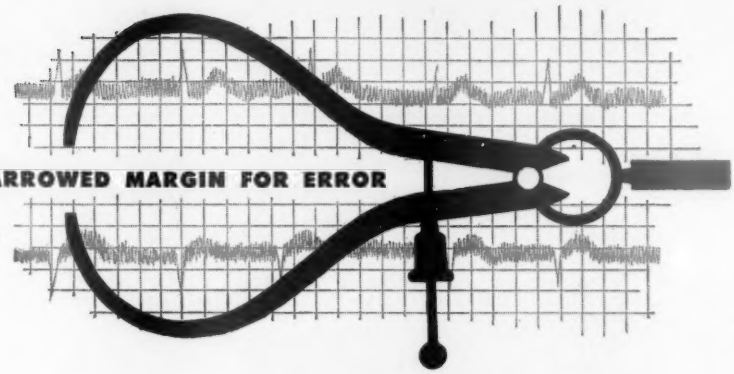

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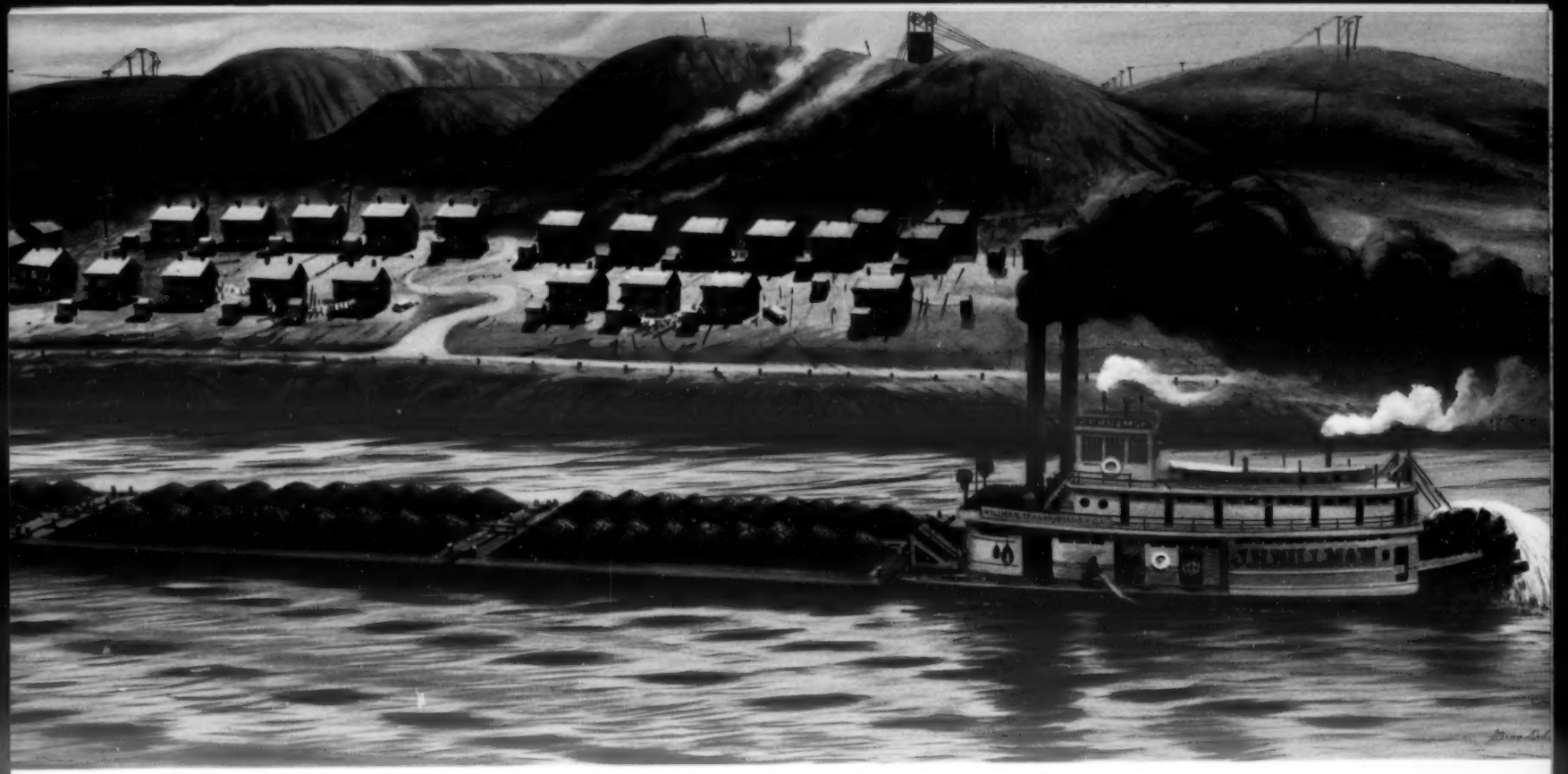

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Rocky Mountain Medical Journal

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FEBRUARY
1950

Editorial

Cloak-Room Comment

OUR December issue presented an editorial entitled "Perverted Emotional Outlets." The message was constructed about our firm belief that thumb sucking is a harmful habit. Ample evidence substantiates the fact. Unfortunately, a few doctors condone thumb sucking and some openly defend it and seem to turn a deaf ear toward those who speak of its ultimate evil consequences.

Since the editorial appeared, our journal headquarters office has received "A Monograph on Sucking Habits (Thumb, Finger and Hand Sucking)," by Paul J. Mandabach, Sr., Professional and Public Relations Counselor, 646 N. Michigan Avenue, Chicago 11, Illinois. The author hopes "that the child of today and tomorrow will not have to go through the ordeal of malocclusion as it happened with my children—that the mothers and fathers of today and tomorrow do not have to suffer what my wife and I suffered in correcting teeth deformities in our children—in the hopes that this monograph may awaken the profession to the possible danger of the persistent, continuous, abnormal sucking habits in infants and children, my time and efforts are sincerely dedicated."

He quotes excerpts from current literature, including at least three dozen articles which are from sources considered authoritative. Further, he lists sixty-three harmful results from thumb sucking that have been recorded and discussed.

If any of our readers remain skeptical, the monograph is available on loan. An editor enjoys a degree of personal satisfaction in demonstrating facts and authoritative confirmation of some of his deliberations.

Incidentally, we have had very few "Letters to Editor" during the past year. Why not grumble, for the good, or for the amusement, of all our colleagues rather than in the midst of a small cloak-room huddle!

It's Midwinter Clinics Time Again . . .

READERS who studied the preliminary program of the Colorado State Medical Society's Midwinter Postgraduate Clinics in our January issue saw the promise of an outstanding meeting. The fifteenth annual renewal of this session is scheduled in Denver February 22, 23, and 24—with a preliminary dinner meeting and entertainment the evening of February 21. Complete programs are now in the mail to all physicians in the Rocky Mountain area.

Your Editors welcome the return to February dates for this notable event, which for reasons no doubt compelling was held in March the two preceding years. For one thing, the advent of spring brings too many other meetings in nearby states as well as the renewal of national meetings which many feel they must attend. Travel is just as easy in February, and somehow the office seems easier to leave for a few days then than later.

This year's program is finely coordinated to bring the best to all of us, general practitioner and specialist alike. Its list of speakers contains many new faces to this part of the country, with subject titles evidencing a fresh approach to new as well as old medical problems. Let's attend!

Immaturity

AMERICA has been stunned by a wave of juvenile crime. Murders, rapes, sex orgies and desecration of churches provide shocking commentary upon our present social organization. It reflects upon our education and discipline of the men and women of tomorrow. Post-war hysteria and social unrest are poor apologies for understanding the origin of such problems.

A much more sensible analysis appears in "The Mature Mind" by H. A. Overstreet and in a recent Mount Airy Sanitarium Bulletin. The authors state that there is no assurance that the average person grows to maturity in his emotional life. Childish minds are dangerous, especially when they are housed in adult bodies. Further, there is no way of estimating the maturity of Congressmen, judges, teachers, bosses. Men and women of forty or more throw tantrums, beat or murder their spouses, terrify children, browbeat subordinates. These immature people who are not by nature aggressive often retreat into fantasy. They may create their own fantastic empires and instigate war. Those who are intellectual adults, but immature children emotionally, occupy our institutions; others are at large and write to Molly Mayfield.

Overstreet and the Bulletin quote G. B. Chisholm, who said: "So far in the history of the world there have never been enough mature people in the right places."

The Bulletin goes on to say that newspapers have a vested interest in catastrophe and that although radio is a technical triumph, it expresses and fosters our immaturity. Mediocrity and movies thrive at the immaturity level. "Hollywood has become a synonym for vacuity serviced by technical experts."

There is not much conclusion for us to draw, but insight into our plight is refreshing. Insight is always helpful and sometimes leads to an answer or conclusion. Meanwhile, perhaps the people of America will learn to emphasize and encourage the home as a place for growing, the school as a place for physical and emotional as well as didactic education, the church as one of the best places to foster emotional maturity, and America as the one bastion on earth of democracy and survival of individual incentive.

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What Makes a Physician Great And Worthy of Greatness

THE passion for truth and accurate observation; the passion for good listening and hard work; the passion for curiosity as to why an individual behaves as he does; a passion to help make a better man or a better personality so that in turn he can contribute a portion of himself for a better human race; the passion to find the basic organic cause, or the basic psychological and repressive factors and to instill hope and motivation; the passion of creativeness to rehabilitate and develop the unique individual self—such are ingredients of greatness. Today, we, as physicians in a complex rapidly-changing world, technologically can, by our station in life as a friend and teacher, create an attitude or philosophy in which the human spirit has an opportunity to rise, to grow, to improve, to aspire.

The physician's job is more than cutting with a scalpel, writing a prescription, giving shots with a syringe, or laboratory testing to satisfy our insecurities so that we may pigeon-hole a patient with a label. We must all gain more psychiatric insight as to the total human personality and the factors that dwarf and impoverish it.

It is more tantamount and paramount, as Osler said, that "The practice of medicine is an art, not a trade, a calling in which your heart will be exercised equally with your head. Often the best part of your work will have nothing to do with the potion and powders, but with the exercise of the influence of the strong upon the weak, the righteous upon the wicked, the wise upon the foolish."

When we are as truly worthy of our station as the phyiscian in Luke's painting, we shall not have to be afraid of socialized medicine ever coming.

H. H. KATO.

THE "MEDICAL GRAND JURY" PLAN OF INVESTIGATING PATIENTS' DISSATISFACTIONS*

HARVEY T. SETHMAN
DENVER

The Colorado State Medical Society and I as its employed Secretary are honored by this opportunity to share with other states our experiences with the "medical grand jury plan" of professional self-discipline. In September, 1947, the Society undertook a greatly expanded program of public service. Its House of Delegates believed that improved public relations would follow as a much desired by-product, and this has been true. As part of that program, the Society launched its Board of Supervisors as a "medical grand jury." At that time this was considered a radical departure. Now, after two years' experience, the Society is convinced that this modern system of self-discipline is the very keystone of the whole program.

To examine this system, let us first devote a moment to the philosophy behind it. History shows that the organization plan of medical societies stems, by almost direct descent, from two lines of ancestors. One line is the old fraternal clubs and lodges, the other being the first guilds and scientific societies. Through both lines of ancestry runs a dominant pair of characteristics regarding acceptance of new members and the discipline or expulsion of old members. One of these characteristics is that to join the organization a person must be approved by a vote of the membership—sometimes a 100 per cent vote of those attending, without recourse or appeal in case of rejection or a "blackball." The other dominant characteristic is that to initiate discipline or start action to remove a member involuntarily from membership, a personal charge must be filed against him by another member of the same organization. These inherited traits fail to meet modern medical society responsibilities.

The Colorado State Medical Society has for years modified the old arbitrariness in electing or rejecting applicants for membership by providing a system of appeals; but that is not the subject of this presentation. Two years ago our Society changed the second characteristic by creating the "medical grand jury plan." This plan recognizes the need for eliminating the personal onus of initiating discipline, and it recognizes the justice of opening the judicial doors of organized medicine to the public.

On these principles, the Colorado Society established its Board of Supervisors in September, 1947. Before I describe it further, I should point out one difference between the Colorado Society and most other state medical societies. The Colorado Society is organized like the parent American Medical Association in that it has a Board of Trustees at the head of its executive department and a Board of Councilors as its state court of ethics and discipline (similar to the Judicial Council of the A.M.A.). Most state medical societies combine these two functions in a single council.

Recognizing, then, this long-existing separation of the judicial and executive departments of the Society, Colorado had added to its judicial department the Board of Supervisors. It is quite logically spoken of as a medical grand jury. It may investigate on its own motion, and it must investigate every sincere complaint reaching it from any source. A civil grand jury may in its judgment vote an indictment to be prosecuted by the state's attorney. Similarly, if our Board of Supervisors feels that discipline of a physician is called for, it files charges through its officers before the appropriate tribunal. Just as does a civil grand jury, so does our Board of Supervisors hear com-

*Delivered before the Annual Conference of State Medical Association Secretaries and Editors of the American Medical Association, Chicago, November 3, 1949.

Editor's Note: This talk was one of the most popular presented before the Conference of Secretaries and Editors of State Medical Associations in Chicago November 3, 1949, at American Medical Association headquarters. The author is Executive Secretary of the Colorado State Medical Society. Colorado's Board of Supervisors, first in the nation, has received national publicity including a recent article in Medical Economics. More than 200 copies of this paper have been sent on request to state and county medical societies contemplating creating similar boards.—D. W. M.

plaints and witnesses in secrecy. No officer or staff employee of the Society is permitted to attend a meeting of the Board unless summoned as a witness. The Board has power to compel the attendance of any member of the Society; non-members and the laity it can only invite. May I make it clear that the Board has **no** power to try a member or to impose discipline. It can investigate; it can advise; and it can prosecute—that is all.

Unique provisions of this Society's Constitution and By-Laws and the Board's own Rules of Procedure assure complete impartiality both in its organization and its operation.* In a nutshell, the Board consists of twelve members, six elected by the House of Delegates each year for two-year terms. No officer of the Society may serve on the Board, nor is any Board member eligible to other elective office during his Board term. No two members may be elected from the same component society. Then, the most important provision is that no member of the Board may participate in the deliberation of questions involving members of his own component society. This last provision clinches the impartiality of the Board and earns for it the confidence of the whole profession.

When the Board deems a prosecution justified, the Society's By-Laws empower the Board to prosecute before the "appropriate judicial body." According to the circumstances of any given case, the appropriate judicial body may be the Board of Censors of a county society, the Board of Councilors of the State Society, the Colorado Board of Medical Examiners, or even a criminal court.

The By-Laws direct the Board to investigate ethical deportment continually, toward constant improvement of professional conduct. In this connection, professional conduct is taken to mean not only the conduct of the individual physician, but the conduct of medical societies, hospital staffs, and other organizations of the profession. Thus the very existence of the Board, ready, willing, and fully empowered to investigate the complaint of any dissatisfied patient, has served to improve professional conduct.

On the other hand, the very existence of a Board which permits any person, outside as well as inside the profession, to be heard confidentially has increased public confidence immeasurably. This system of assured impartiality has made it easy for the Board to settle many misunderstandings between doctor and doctor, or between doctor and patient, simply by friendly suggestion, without a hint of discipline. Prompt investigation has protected many a doctor from unjustified complaint or frivolous suit which might otherwise develop unfair and unwholesome publicity. But when the Board felt a doctor should be disciplined, it has fearlessly filed charges—always in the name of the Board, not in the name of an individual.

The confidential nature of the Board's work precludes revelation of details of cases it has investigated. As a matter of fact, your essayist knows the details of only the very few cases which have become matters of record before one or another judicial body. The Board of Supervisors has, however, authorized a brief resumé of its first two years of operations, ending September 23, 1949.

In this two-year period, 137 complaints were received. Thirty-four of them were found to be frivolous, or dead-beats trying to avoid a just debt, or the ravings of psychopaths, or otherwise unworthy of complete investigation so far as this particular Board is concerned. Work done on the thirty-four, however, served to protect those doctors from unjustified annoyance.

The remaining 103, including five started on the Board's own motion, break down as follows regarding the nature of complaints:

One each in the following categories: public ungentlemanly conduct; refusal to use accepted diagnosic procedures; undue familiarity with female patient; public scandal; criminal abortion; total, five.

Two—Unfavorable results from supposedly wrong diagnosis;

Two — Performance of unjustified surgery;

*See Rules of the Board of Supervisors of the Colorado State Medical Society; Rocky Mountain Medical Journal 46:944 (Nov.) 1949.

Three—Refusal to answer emergency calls;

Four—Neglect of patients;

Five—Malpractice;

Five—Growing out of one instance of ungentlemanly strife between physicians.

The above groups total twenty-six. Of the 103, the remaining seventy-seven all related to real or imagined overcharge or excessive fees, sometimes complicated with subsidiary complaints.

Now, to break down the same 103 cases by disposition:

Five complaints were found to be out of the jurisdiction of the Board and were referred to other organizations.

Eight cases were pending September 23, 1949, their investigation not completed.

Sixty-nine complaints were found to be unjustified and due to pure misunderstanding. However, in almost every instance, the complaint arose because the doctor had failed to discuss costs with the patient or had failed to explain diagnostic procedures or other aspects of professional service which the patient was entitled to know. These sixty-nine were settled to the full satisfaction of all concerned simply by clearing up the misunderstandings, without reduction of the fees concerned, or any hint of discipline. Almost half of them were cleared up without even a hearing before the whole Board.

Twenty-one complaints were found to be justified in whole or in part. In eleven of these, the Board persuaded the doctors concerned to reduce fees or make other appropriate adjustments with their patients. In each of these cases the doctor was privately cautioned by the Board that repetition of the act justifying a complaint could result in disciplinary prosecution within the Society. The other ten of the twenty-one justified complaints resulted in disciplinary action. Of these ten, three cases were taken direct to the State Board of Medical Examiners for investigattion as to revocation of license. One of these was also referred to the District Attorney. Five cases were taken before our State Society's Board of Councilors. Two were charged before local boards of censors for discipline by county societies. The Supervisors' judgment has been upheld by the trial body in seven of the ten cases, rejected in one case, and two were still pending as of September 23, 1949.

In commenting upon the above statistics, it is worthy of repeated emphasis that most of the complaints reaching the Board are due to nothing at all except lack of understanding, and they arose because the physician did not take time to explain diagnostic and therapeutic procedures, or did not take time to discuss costs, not only the cost of actual medical service but also nursing, hospital, anesthetic, and drug costs. As a past chairman of the Board said: "Some doctors are just too 'high hat' to discuss these things. If they would take a little more time with each patient, 75 per cent of the complaints would never arise." The Board feels that another 15 per cent of the complaints would never arise if all hospitals and their staffs would abide by the standards of the American College of Surgeons. Attainment of these two goals would thus eliminate about 90 per cent of the complaints.

Because of the confidential nature of the work little more can be said concerning the Board's actual operations. But I can allay some fears representatives of other states may have. Creation of our Board of Supervisors in September, 1947, was accorded front page newspaper stories throughout Colorado and considerable national publicity. We feared that the Board would be literally swamped with complaints and alleged complaints of every kind. It is quite true that during the first month of the Board's operations, it received some thirty complaints, including a generous sprinkling of psychopathics and what we might call the lunatic fringe. But the rush was taken in stride and soon the Board received only a minimum of worthless annoyances. Originally, the Board planned to meet all day on the last Saturday of each calendar month, but it managed to conduct its business to the satisfaction of all concerned throughout its second year with only eight one-day meetings.

No medical society relishes police work,

yet a certain minimum is necessary to protect the profession's good name. Mr. Raymond T. Rich, in his survey of Colorado's medical public relations three years ago, stated: "Unless it wishes to surrender additional areas to governmental jurisdiction, a profession must at all times formulate and enforce stricter standards than the law currently demands." The Colorado State Medical Society accepted and acted upon that counsel.

Now after two years' experience, our House of Delegates and all our officers are convinced that this modernized system of self-discipline has proved itself. It has performed worthwhile public service, and secondarily, it has worked wonders for the profession's public relations. It is amply safeguarded from becoming, by any stretch of the imagination, a secret police or gestapo system; first, because of its guaranteed impartiality; second, because actual discipline is imposed only by an equally impartial judicial body after open trial; and, finally, because throughout the Society's whole judicial system the uniquely American system of appeals prevails.

Colorado recommends the plan confidently to every other state medical society, and, with appropriate modifications, to large county societies—and, by large, we think of county societies of more than five hundred members. Smaller county societies, we believe, would do better to leave such investigations to a state board, the more surely to maintain the disinterested impartiality which is the essence of its success. We in Colorado are honored to learn that several other state societies are copying and adapting our Board of Supervisors idea to their needs. All are welcome to do so and to draw upon our original experience.

ACUTE FREE PERFORATIONS OF THE GALLBLADDER*

ANALYSIS OF SIX CASES

R. GEORGE GOODALL, M.D.
TUCUMCARI, N. M.

Discussion in this paper is limited to the type of perforation of the gallbladder most commonly referred to as an "acute free perforation." Following perforation of this type, there is a generalized spread of the contents of the gallbladder into the peritoneal cavity. In consideration of this severe pathological process it is well to review the types of perforation of the gallbladder that may occur. Niemeier[1] originally classified perforations of the gallbladder into three types: (1) chronic perforations with pressure of the fistulous communication between the gallbladder and some other viscus; (2) subacute perforation, in which the perforation is surrounded by an abscess walled off by adhesions from the general peritoneal cavity; (3) acute perforation into the free peritoneal cavity. Stout and Hibbard[2] added two other types of perforation of the gallbladder to Neimeier's classification, namely: (1) perforation of the gallbladder into the liver, and (2) external perforations. For convenience, the types of perforation are divided into two main classes: (1) acute free perforations and (2) "walled off" perforations or those limited to the gallbladder region. From the statistical review of other authors' reports on perforation of the gallbladder, it is roughly estimated that about one-third of all perforations of the gallbladder are of the acute free type.

Incidence

Table I shows the percentage of acute free perforations reported by other authors in their series of perforations of the gallbladder.

TABLE I
Reported Number of Acute Free Perforations Occurring in All Types of Perforations

	Total Perforated Cases	Number of Acute Perforations
McWilliams	29	6
Fifield	27	17
Alexander	20	8
Neimeier	8	2
Cowley and Harkins	25	6
Total	108	39 or 35.8%

Green and Coe[5], in their statistical review, conclude that approximately 1 to 3 per cent of all gallbladder cases perforate, but less than 1 per cent perforate into the general peritoneal cavity. It is common knowledge that perforation occurs in from 1 to 2 per cent of the cases of chronic cholecystitis (Chart 1). Perforation occurring in this type of case is more likely to fall into the second general classification of "walled off" perforation. Although infrequent, acute free perforations can and do occur in chronic cholecystitis. Two examples were found in the case analysis of this paper. The excellent protective mechanism of the surrounding anatomical structures (the liver, parietal peritomeum, colon and omentum) tends to prevent the spread of the gallbladder contents and the resulting peritonitis and severe toxic reaction that follows a free perforation.

When one considers the occurrence of perforation in acute gallbladder disease as reported by other authors, the frequency is much higher. A review of literature of the past decade shows a variation of from 10 to 25 per cent of perforations in acute cholecystitis (Chart 1). Edwards, et al.,[4] reviewed the records of two hospitals, namely: The Church Home and Infirmary and The University Hospital in Baltimore. At The Church Home and Infirmary during the years 1929 to 1939, inclusive, there were 32,921 admissions, of which 531 cases were gallbladder disease. Out of the 531 cases of cholecystitis, ninety-six were acute with eight cases of perforation into the peritoneal cavity, or 8.33 per cent. During the years, 1934 to 1939, inclusive, at The University Hospital there were 34,958 admissions of which 593 were cases of cholecystitis. Ninety-eight of these cases were classified as acute with thirteen perforations into the peritoneal cavity, or 11.5 per cent. Other statistics include Heuer[5] who reports 26 per cent perforation of acute cholecystitis. Zimminger[6] reports 20.5 per cent. Smith[7] reports 22.4 per cent and Judd and Phillips[8] report 13.4 per cent. Stone and Douglas[9] report seventeen cases of perforation out of 170 acute gallbladders, or 10 per cent. Bodley[10] estimates that 20 per cent of acute cholecystitis cases perforate.

CHART 1

The Differences in Percentage Reported Is Indicated by the Shaded Area

A. % of all types of perforation of all gallbladder diseases.

B. % of free perforations in all gallbladder diseases.

C. % of perforation in chronic gallbladder diseases.

D. % of perforation in acute gallbladder diseases.

Morbidity

Acute free perforation of the gallbladder is one of the most serious complications of gallbladder disease. The morbidity is severe. It constitutes a definite surgical emergency and preoperative preparation must be limited to the interval between diagnosis with decision to explore and the beginning of the operaton. In an acute free perforation of the gallbladder, the danger lies in the severe toxic reaction following a chemical peritonitis due to free bile in the peritoneal cavity. Recent studies on gallbladder contents have shown a high percentage with positive bacteriological cultures. Cowley and Harkins[11] report ten out of twelve cases with positive culture. From their total of twenty-five cases, thirteen culture studies were not recorded. The three most common organisms found in their cases were bacillus coli, bacillus lactis aerogenes and a non-hemolytic streptococcus. Therefore, in addition to a chemical irritation, there follows a bacterial invasion and a true peritonitis.

Mortality

The mortality rate is high in acute free perforations of the gallbladder. Table 2 is a table given by Cowley and Harkins[11] showing the mortality rate reported by other authors in both the "free" and "walled off" types of perforation.

TABLE 2
Mortality Rate Reported by Other Authors

Author	Free Perforations No. of Cases	Free Perforations % Mortality	Localized Perforations No. of Cases	Localized Perforations % Mortality
Niemeier, 1934	2	0.0	6	0.0
Snaders, 1937	4	50.0	42	14.3
Pennoyer, 1938	7	100.0	....	....
Stone and Douglas, 1939	6	0.0	11	9.0
Hotz, 1939	53	35.9	16	0.0
Atlee and Atlee, 1940	4	50.0	11	9.0
Glenn and Moore, 1942	3	66.6	22	4.5
Schaeffer, 1942	14	42.8	6	33.3
Cowley and Harkins, 1943	6	16.6	19	21.5
Total or Average	99	39.4	133	11.3

There is a marked variation of the mortality percentages in this table. It is of interest to note that four of the nine series of cases reported 50 per cent or higher mortality in acute free perforation. Pennoyer reports 100 per cent mortality in seven cases. The average per cent mortality in acute free perforations was almost four times as much as the mortality percentage in localized perforations.

A lowered morbidity and decrease in the mortality rate are dependent on four essential factors: (1) the general condition of the patient at time of perforation, (2) how soon after onset the patient seeks medical aid, (3) early diagnosis or diagnostic exploration, and (4) minimum surgery.

Analysis of Six Case Reports

The records of Hillman Hospital have been studied. An analysis of these records is presented with six cases of acute perforation of the gallbladder. These cases were admitted to either medical or surgical service and a transfer from one to the other service does not duplicate a patient's admission. Perforations of the gallbladder due to trauma, gunshot or stab wounds to the abdomen are not included in this series.

Incidence: During the years 1930-1945, inclusive, there were 165,473 admissions, of which 741 were diagnosed clinically and/or surgically as cholecystitis, 160 were classified as acute, or 21.6 per cent. The remaining 581 cases were classified as chronic. There was a total of 286 cases out of the 741 admissions for gallbladder disease brought to surgery, or 38.6 per cent.

The percentage of acute free perforation found in all cases of cholecystitis admitted during this period, 1930-1945, was .8 per cent. Our percentage of free perforations in 160 cases of acute gallbladder is only 3.7 per cent. The percentage in this analysis is much lower than those reported by other authors previously quoted in this paper. Of the 286 cases operated upon there were four cases in which acute perforations of the gallbladder had occurred (the other two cases of perforation of the gallbladder reported in this series were proven at autopsy). Out of the total cases operated upon thirty-nine cases were proven acute cholecystitis. If all cases are excluded, thirty-nine cases proven as acute cholecystitis by surgical-pathological examination, the percentage of free perforation is still only 10 per cent, which is in the lower brackets of percentages that other authors have reported from their total number of acute cases.

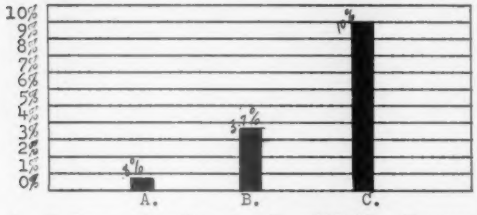
Age Group: The age group between 50 and 70 is the most vulnerable to perforation. The average age in our series was 65; the youngest patient was 49 years of age and the oldest, 79. The gallbladder is not spared in the generalized senile changes that take place in the patient over 50 years of age. There is a loss of elasticity of the gallbladder wall, loss of its ability to contract, and atherosclerotic changes in the vessel wall. With these changes already present, an adematous gallbladder wall due to a cholecystitis would be further devoid of blood supply and necrosis of a portion of that wall would result. Perforation or gangrene followed by perforation could likely occur.

Although this paper is primarily concerned with acute free perforations, 35.8 per cent or approximately one-third of all perforations are of the acute free type (Table I). The following age group percentages are reported for all types of perforation. Bachhuber, et al.,[12] reports 81.81 per cent of perforation of the gallbladder (excluding pericholecystic abscess) occur in the group over 52 years of age and over

57.5 per cent occur in the age group of over 60. Cowley and Harkins[11] report 60 per cent of their twenty-five cases were past the age of 50. The average of 20 patients reported by Schaeffer[13] in 1942 was 59 years. Judd and Phillips[8] (1933) report the majority of their patients were more than 50 years of age.

CHART 2

Percentage of Acute Free Perforations Occurring in Hillman Hospital, 1930-1945



A. % free perforations in all gallbladder diseases.
B. % in all diagnosed acute gallbladder diseases.
C. % in all proven acute gallbladder diseases.

It is of interest that three out of the six cases of perforation had pathological reports of gangrene of the gallbladder (Table 4). In the analysis of the cases of gallbladder disease in Hillman Hospital there were five cases reported as gangrenous gallbladder without perforation out of the total 286 cases of cholecystitis upon which surgery was performed. Glenn and Moore[14] believe that gangrene of a portion of the entire wall of the gallbladder is a sequela of acute cholecystitis and frequently leads to perforation. Out of 350 patients operated for acute cholecystitis in their report eighty-four had gangrenous gallbladders, twenty-two of which had perforation with localized abscess formation. In view of these findings the danger of free perforation of the gallbladder is much higher in the age group over 50 and is considered candidates for immediate exploration.

Previous Attacks: Four of the cases had no previous attacks. One case had only one previous attack which lasted from twenty-four to thirty-six hours three months prior to perforation. One case had had several previous attacks of four to eight hours' duration preceded by jaundice. Interesting enough, this patient had typhoid fever at 15 years of age. The onset of the present illness of these six cases was thirty-six hours, forty-eight hours, 120 hours, forty-eight hours, seven hours, and two weeks prior to admission.

Clinical Observations: Of the six cases reported, three occurred in males and three in females. Five of these cases were white and one colored. The one colored case was a male. The average white count on admission was 17,000, the highest being 27,000 and the lowest 12,000. The average segmented cell count was 88 per cent. The average temperature on admission was 99.6°F., the lowest 98.8°F. and the highest 101°. Only three of the total six cases were x-rayed and in only one was a positive shadow for stones reported. The most common signs and symptoms elicited on admission are listed in Table 3.

TABLE 3

Signs and Symptoms on Admission

Sign or Symptom	No. of Cases
Sudden onset of abdominal pain	6
Persisting abdominal pain	6
Nausea	6
Vomiting	6
Abdominal tenderness	
R. U. Q.	2
L. U. Q.	2
Lower abdomen	1
Generalized	1
Distention of abdomen	4
Shock	2

The presenting signs and symptoms listed in Table 3 are common for a generalized peritonitis. None of these are peculiar to gallbladder disease alone with the exception of two cases who exhibited right upper quadrant tenderness.

Findings at Operation: Operations were performed in four of the six cases of acute free perforation of the gallbladder. The two cases that were not operated upon expired and autopsies were performed. The types of operations performed were (1) cholecystectomy, (2) closure of perforation and drainage of gallbladder bed, (3) cholelithotomy and drainage of the gallbladder through the perforation, and (4) drainage of the gallbladder through the perforation (this case was discharged from the hospital thirty-two days postoperatively).

TABLE 4
Findings at Surgery and Autopsy

Findings	No. of Cases	Percentage
Generalized peritonitis	6	100
Presence of gallstones	3	50
Gangrene of gallbladder	3	50
Gangrene with gallstones	1	16.67
Gangrene without gallstones	2	33.33

Mortality: The mortality rate of the six cases herein reported is shown in Table 5.

TABLE 5
Mortality Rate

	No. of Cases	Deaths	Percentage
Cases operated	4	3	75
Cases not operated	2	2	100
Total	6	5	83.33

Only one case of the six survived. This was a white woman age 72 years, emaciated and dehydrated, with a plus abdominal distention, temperature 98.9F., pulse 90, blood pressure 180/50 and respiration 31. This case was a poor operative risk. However, she was operated on seven hours after her first onset of pain, and a simple drainage of the gallbladder through the perforation was done. In the other five cases, one and a half days or longer elapsed between the onset of pain and admission to the hospital. Two patients died without the benefit of surgery. One of these was in a state of extreme shock on admission and died sixteen hours later. The other case had been discharged from the medical service one week prior to this admission as a congestive heart failure on digitalis therapy. Whether these two cases might have lived had they been explored is a debatable question, but it is felt that it would have offered the only chance of survival. Bachhuber in his excellent discussion on gallbladder disease states in the conclusion of his paper: "Neither delay nor early surgery will spare the patient who seeks hospitalization when he is moribund."[13]

The youngest of the age group, a white male, aged 49, was admitted in a state of shock and was not operated until ten hours after admission. His onset of pain was two days prior to admission. Both delay in reporting to the hospital and the delay in surgery were contributing factors in this patient's death.

The fifth case had his onset of pain five days prior to admission and was explored four hours after admission. The sixth case had her onset pain two weeks prior to admission and there was a twelve-hour delay after admission before surgery. Both cases expired.

Conclusions as an Aid to Diagnosis

The diagnosis of an acute perforation of the gallbladder with its formidable array of symptoms is not an easy one.

1. The examiner must be "gallbladder minded" in the examination of any abdomen presenting signs of an early or late peritonitis.

2. Acute free perforation is rare, occurring in only 1 per cent of all gallbladder cases. It is infrequent, but does occur in chronic cholecystitis, occurring in less than 10 to 20 per cent.

3. Perforation is most likely to occur in the age group above 50 years.

4. The sex distribution is equal.

5. Acute free perforation is most likely to occur without a history of previous gallbladder attacks. However, the history of previous attack is valuable when obtained.

6. There is an elevation of white cell count with a shift to the left. An average of 17,000 W.B.C. with 88 per cent segmented forms was found in this series.

7. There is a low grade elevation of temperature. The average elevation was 99.6°F. on admission.

8. Perforation may occur with or without stones.

9. The presenting signs and symptoms are predominately those of a generalized peritonitis. The length of time elapsed between perforation and the examination will determine the degree the peritonitis has reached.

Summary

The literature has been reviewed and briefly reported in this paper with an analysis of six cases of acute free perforation of the gallbladder.

REFERENCES

[1]Nieneier, O. W.: Ann. Surg., 1934, 99:922-924.
[2]Stout, S. L., and Hibbard, J. S.: Surgery, 1943, 13:734-740.
[3]Greene, E. L., and Coe, G. C.: Surgery, 1940, 7:396.
[4]Edwards, C. R.; Gerwig, W. H., and Guyton, W. L.: Ann. Surg., 1941, 113:824-832.
[5]Heuer, G. J. (1934). Cited by Stone and Douglass (1939).
[6]Zinninger, M. (1931). Cited by Stone and Douglass (1939).
[7]Smith, M. K. (1933). Cited by Stone and Douglass (1939).
[8]Judd, E. E., and Phillips, J. R.: Ann Surg., 1933, 98:359-361.
[9]Stone, W. W., and Douglass, F. M.: Am. J. Surg., 1939, 45:301-303.
[10]Bodley, J. W.: Am. J. Surg., 1937, 34:97-100.
[11]Cowley, L. L., and Harkins, H. N.; Surg., Gun. Obst., 1943, 77:661-668.
[12]Bachhuber, C. A.: Deeb, P. H., and Taylor, E. A.: Am. J. Surg., 1945, 67:40-47.
[13]Schaeffer, R. L.: Pennsylvania, M. J., 1942, 45: 566-569.
[14]Glenn, F., and Moore, S. W.: Arch. Surg., 1942, 44:677-686.

MANAGEMENT OF BREECH DELIVERY*

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The delivery of a baby, alive and undamaged, presenting by the breech need not be a difficult procedure but is oftentimes made so by unwise and hasty interference with the normal mechanism of labor. A brief survey of the literature on breech delivery will convince one that the management of breech is somewhat controversial. There are the adherents to the conservative school of thought who believe only in manual aid and then there are those who prefer to shorten the second stage of labor and extract the breech as soon as the cervix is completely dilated.

The chief aim, of course, in any obstetrical procedure, is to present a live and unharmed baby to an undamaged mother. In considering breech presentation we are dealing with several factors that tend to increase the risk to the baby and to a lesser degree traumatize the mother. It would seem then, that the procedure or method less likely to increase the known foetal hazard and at the same time protect the mother would be the procedure of choice.

The Obstetrical Department of the Lincoln General Hospital is staffed by four obstetricians, all diplomates of their American Board, acting as the attending staff and in addition there are general practitioners serving on the accredited staff of the hospital who conduct a large share of their deliveries in the department. In 1940 the late Dr. Elmer Hansen,[1] a member of the staff at that time, reported a series of 126 consecutive breech deliveries gathered from the private practice of the four attending members of the staff. A fetal mortality rate of .8 per cent was at that time and still is the lowest that has been reported. Hansen attributed that remarkably low rate to several reasons, chief among which he placed the fact that every case of breech presentation received consultation from one of the other attending obstetricians and that consultant was present at the delivery as an assistant. Of equal importance, I believe, are the four cardinal concepts of breech management set forth in Hansen's article:

1. Dilatation of the cervix does not become complete until the buttocks are presenting deeply at the introitus.

2. Attempted delivery before complete dilatation is almost certain to result in extension of arms and head with resultant difficulty in delivery.

3. It is natural for force to be applied from above. Application of force from below is not a natural force. Extension of arms, nuchal arms and extension of the head are the results of force applied from below, rather than from above.

4. Manipulation from below, especially if the patient is not deeply anaesthetized, will reflexly stimulate tetanic contractions of the cervix and lower uterine segment. This contraction imprisons the shoulders and delays delivery. It also necessitates increased force which traumatizes mother and baby.

Since the original report in 1940 we have now added 209 consecutive breech deliveries without maternal mortality and with a gross foetal mortality of 11.5 per cent. A quick breaddown of these casualties of the breech presentation will show as follows:

*From the Department of Obstetrics and Gynecology, Lincoln General Hospital. Presented at the Forty-fifth Annual Session Wyoming State Medical Society, September 1, 1948.

TABLE 1
July, 1940, through December 31, 1948

Mothers	Babies	Mat. Death	Fetal Death	Gross Fetal Mortality
201	209	0	25	11.5%

The fetal deaths fall readily into these classifications:

In several instances we find one death with one or more contributing factors. For example, intrauterine death in a case of premature separation of the placenta or prematurity and placental separation and or toxemia.

TABLE 2

1. Premature—28 weeks or under	8
2. Intrauterine death	6
3. Accidents of pregnancy	5
Premature separation of placenta	
Placenta praevia	
Maternal toxemia	
4. Prolapsed cord	5
5. Birth trauma	1
Total infant deaths	25

In all fairness we can, I believe, rule out the nineteen deaths known to be due to prematurity, death of the fetus prior to admission to the hospital and those deaths occurring in the group listed as accidents of pregnancy. Six deaths remain to be considered; of the six, five were due to prolapse of the cord and one was due undoubtedly to delivery trauma and occurred in extraction of the breech.

Prolapse of the cord is a feared complication of breech presentation. It has occurred five times in the present series and not at all in the first series. We regard prolapse of the cord as one of the inherent dangers of breech presentation and although the soft breech is said not to compress the prolapsed cord dangerously, in our experience the risk is real. In two of these cases a more rapid termination of labor might have resulted in live babies.

The fetal death due to trauma is undoubtedly an example of a violation of one of the cardinal principles listed above and when considered with the two deaths due to management of prolapsed cord, makes a total of three fetal deaths attributable to the management of breech presentation or a corrected fetal mortality rate of 1.9 per cent. To get a clearer picture of the fetal death rate of the entire series we have only to add the two series as in table three.

TABLE 3

Hansen Series	126	1 death	.8 %
Present Series	209	3 deaths	1.9 %
Total	335	4	1.19%

These figures, I believe, offer proof of the soundness of the conservative approach to the management of breech presentation. Approximately 90 per cent of these deliveries were effected by manual aid, that is, no interference in the normal mechanism of labor unless labor be obstructed or an emergency develops.

Caesarian section was performed eleven times in the entire series. Our previous care of the patient has made us conversant with the diagnosis of presentation and position of the fetus and whether or not abnormalities such as fibroids or other tumors exist. We have attempted to satisfy ourselves on one question early in the last month of gestation: Can this woman be delivered from below and should she be? If after consultation with one or more members of the obstetrical staff the answer is in the negative, the patient is scheduled for an elective section. We subscribe to the belief that section is a conservative procedure in the elderly primipara. We also consider section most favorably in cases of disproportion, knowing that the aftercoming head does not accommodate itself to pelvic contraction. Table 4 gives the causes for Caesarian section in the two series.

TABLE 4

Primary uterine inertia	1
Contracted pelvis	1
Diabetes and toxemia	1
Fibroid	1
Elderly primip	3
Placenta previa	1
Disproportion	3
	11

We do not feel that external version is indicated in the management of the Breech presentation and in this combined series of 335 consecutive breech deliveries external version was never done.

Induction of labor is confined to medical methods only: Stripping of the membranes or artificial rupture of the membranes is taboo.

Management of Breech Labor

1. All patients with known breech presentations have been carefully evaluated prior to the onset of labor and are instructed to present themselves at the hospital as soon as labor has been inaugurated.

2. Sedation, usually a combination of demoral and seconal, is started early in labor and in amounts QS.

3. Supportive measures with attention to fluid intake. Intravenous administration of 5 per cent glucose if intake is below 1200 c.c. per 12 hours or if labor is prolonged over 12 hours.

4. Careful supervision to prevent restlessness and premature rupture of membranes.

5. Spontaneous rupture of the membrane calls for an immediate check of the foetal heart tones and prompt vaginal examination if prolapse of the cord is suspected. If prolapse of the cord occurs the patient is immediately turned to a knee chest position and placed on a cart and taken to the delivery room. There she is placed in deep Trendelenburg position, and is maintained in this position until the attending physician is on the scene and has taken charge of the situation.

6. At the time of the apparent beginning of the second stage the patient is removed to the delivery room and inhalation anesthetic, cyclopropane, is started. Saddle block and caudal anesthesia are contraindicated in the management of breech delivery. We depend on the patient's voluntary efforts to advance the breech, whereas caudal and spinal anesthesia ablates these powers.

7. Following draping of the patient a careful re-evaluation of the presenting part is done and the patient is urged to bear down if the cervix is completely dilated. If the cervix is thick and not completely dilated we are apt to return the patient to bed with more sedation. If the progress of labor in the frank breech seems slow, particularly when it is felt that the cervix is fully dilated, remember that it is not; that complete dilatation is not present until one can see the buttocks.

8. Traction. In cases of double or single footling the feet may be grasped and guided through the outlet without exerting traction. In the frank breech, no attempts at traction are made, but as the buttocks distend the perineum, an additional whiff of gas is administrated and deep episiotomy is done. A marked relaxation of the pelvic floor is the only excuse for not doing an episiotomy.

9. The assistant, who in our case has always been a member of the obstetrical staff, exerts sufficient pressure on the head of the infant to maintain the head in flexion. In the meantime the body of the infant has been supported by the obstetrician in charge and traction is usually not exerted until the umbilicus is seen.

10. The extended legs are freed by Pinard maneuver and the back is kept anteriorly until the scapulae are seen. At this time the body of the child is rotated in such a manner as to bring a shoulder under the symphysis and the anterior arm is freed by wiping the member across the face. The posterior shoulder is then advanced slightly over the perineum and the posterior arm is freed in a like fashion. Any difficulty in freeing of the arm demands immediate rotation of the infant, bringing the shoulder that was posterior around to the anterior position as in the method of Potter.

11. The assistant at this time exerts deep and firm pressure on the maternal abdomen just over the head of the infant, thus forcing the head into the pelvis and maintaining flexion of the head. The operator, in the meantime, has placed the body of the child astride his arm and with one finger in the mouth of the child, exerts gentle traction with the opposite hand over the shoulders of the infant. Any resistance to advancement is countered with the prompt applica-

tion of the Piper after-coming head forceps. The assistant at once holds the body of the infant upward while the operator applies the blades.

12. If, however, it is determined that delivery must be effected, decomposition of the frank breech may only be attempted after the patient is deeply anesthetized. We more than occasionally use ether to secure the deep plane of anesthesia required to safely perform the operation of pushing up the impacted breech and performing Pinard maneuver.

13. In the complete breech the feet and legs may safely be untangled, thus converting the breech into a footling, as the presenting part is transversing the birth canal.

Summary and Conclusions

1. We of the Obstetrical Department of the Lincoln General Hospital feel that the low corrected fetal mortality rate of 1.19 per cent in a series of 335 consecutive breech deliveries is proof of the value of the conservative method of management that has been our policy.

2. The cardinal principles of breech management have served us well as a guide in the management of this type of labor.

3. Consultation, required in our department, is a safeguard to mother, baby and the physician.

4. Competent assistance is a requisite to the successful termination of breech labor.

5. Caesarian section should be carefully considered in all elderly primipara and in all borderline pelves.

6. The breech presentation carries a greater inherent fetal risk than does cephalic presentation and one must be constantly on the alert to prevent prolapse of the cord.

REFERENCE

[1]Hansen, Elmer M.: Am. Jour. of Obst. and Gyn., 41:4:575-579, 1941.

THE USE OF INTRAVENOUS PROCAINE IN A MISCELLANY OF CASES*

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PUEBLO, COLORADO

Although procaine has been used since 1909 for various purposes by either the intravenous or the intra-arterial routes, the majority of the published reports have been in the fields of anesthesia or surgery. In an effort to determine more exactly the importance of this medication in other aspects of medicine, the authors instituted this drug in selected cases on both the orthopedic and medical services.

Since procaine was first synthesized by Einhorn in 1905 and Bier utilized its anesthetic property in 1909 by intravenous administration after expression of blood from an extremity by elevation, Esmarch bandage and tourniquet application, the progression of the use of procaine by this route has been sporadic until the last three or four years. Goyannes, for the first time in 1912, chose the arterial system for extremity anethesia. Then, after a lapse of some years, Leriche and Fontaine advocated the use of procaine in 1935 for arteritis obliterans, and in 1937 Lewy[1] treated tinnitus aurium in a like manner. Pruritus cased by jaundice was next attacked by Lundy[2] in 1940 and in the same year Burstein and Marangoni[3] reported the preventive value of intravenous procaine in ventricular fibrillation induced by epinephrine during anesthesia produced by cyclopropane. Leriche in 1941 extended his usage of procaine to include vasomotor disturbances, Raynaud's disease, chronic varicose ulcers, posttraumatic vasomotor disturbances and painful amputation stumps. To complete this progression up to the present time, in 1943 Gordon applied intravenous procaine to abolish pain associated with the dressing of large burned areas.

Procaine par se is an ester of beta diethyl amino ethanol, but today it is primarily used as the hydrochloride salt which shows the chemical properties of a water soluble,

*This study was carried out with the cooperation of the staff of the Corwin Clinic, Pueblo, Colorado.

thermostabile crystalline powder. The toxicity of this drug is one-quarter that of cocaine after intravenous or subcutaneous injection. The detoxification of procaine takes place principally in the liver as shown by Hatcher and Eggleston[5], and Fosdick and Hanson[6] further proved that the products from this detoxification are para amino benzoic acid and diethyl amino ethanol. Continued research by Dunlop[7] revealed that procaine is also destroyed by heart-lung preparations, and Goldberg, Kester and Warshow[8] described an enzyme in blood serum which is capable of destroying procaine, a procaine esterase inhibitable by eserine and prostigmine. A variable percentage is also excreted unchanged in the urine. Jacoby, et al.,[10] demonstrated the benignity of procaine detoxification by the liver function tests of this organ on rats and men.

Despite the fact that all living cells are affected by the injected procaine, the actual mode of action has not been conclusively demonstrated. The main action, however, appears to be a local one on peripheral nerve fibers where it exerts a curare-like action on myoneural function by reducing the amount of acetylcholine produced, as well as depressing the acetylcholine that is liberated.

The potentiation of responses of sympathetically innervated organs to epinephrine, sympathin, and sympathetic nerve stimuli has been shown. State and Wangensteen[4] advanced the following theories concerning the method of procaine action:

1. Direct action on cells — nerves (as above) and vasodilatation as shown by elevated skin temperatures.
2. Anti-histamine.
3. Anti-acetylcholine.
4. Epinephrine potentiating action.

Concentration studies reveal procaine present in traumatized tissues in amounts seven to eight times as great as that present in normal tissues, so as to explain the favorable results observed in cases where trauma is involved.

In the series of cases presented in this paper, a variation of the recognized procedure of State and Wangensteen was chosen. On the day the course was begun a skin test, using a 0.1 c.c. of 1 per cent procaine, was performed and the initial dose was a half gram of procaine in 500 c.c. of normal saline solution or 5 per cent glucose in distilled water, depending on the advisability of giving the individual patient intravenous saline. If tolerated well, each succeeding day the patient received a gram of procaine in 1,000 c.c. of normal saline solution or 5 per cent glucose in distilled water. If an allergic history was obtained a quarter dose or less was given initially. The solution was

CHART 1
OSTEO - ARTHRITIS

	Age	Number of Treatments	Total Dosage	Immediate Relief	Four Weeks Relief
1. Mr. F. V. D.	73	4	3½ grams	Partial — Mild	Partial — Mild
2. Mr. W. M.	80	4	3½ grams	Partial — Moderate	Partial — Moderate
3. Mr. C.B.	62 (1)	8	7½ grams	Complete	Complete
	(2)	6	6 grams		
4. Mr. G. C.	61	6	5½ grams	Complete	Complete
5. Mr. J. K.	71	6	5½ grams	Partial — Moderate	Partial — Moderate
6. Mrs. R. C.	52	5	4½ grams	Complete	Complete
7. Mr. J. O.	72	6	5 grams	None	None
8. Mr. M. F.	42	11	10½ grams	None	None
9. Mr. P. M.	44	7	7 grams	Very Little	Very Little
10. Mr. J. M.	67	9	8½ grams	Partial — Mild	None
11. Mr. L. V.	56	5	4½ grams	Partial — Moderate	Very Little
12. Mr. J. P.	51	8	7½ grams	Partial — Moderate	None
13. Mr. A. J.	43	6	5½ grams	Complete	Partial
14. Mr. W. M	53	6	5½ grams	Almost Complete	Almost Complete
15. Mr. M. S.	72	6	5½ grams	Partial — Moderate	Partial
16. Mr. J. J.	41	7	6½ grams	Partial — Moderate	Very Little

administered at rates between 60 to 100 drops per minute, depending on the patient's tolerance. In addition, two grains of sodium luminal were given intramuscularly before the intravenous was started, as it was learned that this procedure reduced the incidence of reactions, mild though they were. Almost all the cases treated were ambulatory during this therapy.

The accompanying charts show the type of cases in which this therapy was used, the total dosage, the number of treatments and the results observed immediately and four weeks after completion of the course.

The cases listed under osteo-arthritis were all x-ray diagnosed and the duration of the disease varied from months to twenty-five years in length as illustrated by these representative patients:

Case 6: Mrs. R. C., 52 years of age, had complained of stiffness and dull pain of posterior cervical areas associated with stiffness of both shoulders, accentuated by motion for three to six months. X-rays of the cervical spine revealed mild osteo-arthritic lipping of the vertebral bodies. Following a skin test with 0.1 c.c. 1 per cent procaine intradermally with negative results, she received 0.5 gram of procaine hydrochloride in 500 c.c. of normal saline intravenously. On each of the four succeeding days she received 1 gram in 1,000 c.c. normal saline at a rate of approximately 70 drops per minute. By the completion of the second day's treatment, her symptoms were definitely improved and at the end of the course, they had completely disappeared.

Case 10: Mr. J. M., 67 years of age, had experienced constant pain in both hips, but especially the left, accentuated by motion, and in both shoulders on motion for twenty-five years. Various treatments throughout the years did nothing to relieve these symptoms. X-rays revealed severe osteo-arthritis of the left hip, some of the right, and a moderate amount of the lumbar vertebrae. Following a negative intradermal test for procaine sensitivity, he received 0.5 gram of procaine hydrochloride in 500 c.c. of 5 per cent glucose in distilled water intravenously, and on each of seven succeeding days 1 gram in the same solution, except on the last day when he received 2 grams in 1,000 c.c. During the course he noted progressive decrease in his symptoms amounting to 75 per cent at the completion. When contacted one month after leaving the hospital, the patient stated that his symptoms were just as severe as before the procaine was administered.

The results obtained in the remainder of the treated cases of osteo-arthritis fall between the limits of these two extremes. (Chart 1).

In the category "Acute Low Back Strain" are cases with a history of back strain while working, exquisite pain on motion, and negative x-ray studies. The results obtained in this group were exceptionally gratifying, and a more objective evaluation was possible. (Chart 2).

Case 3: Mr. J. D., 28 years of age, experienced sudden onset of lumbar pain while lifting heavy boards at work three days prior to admission. He was unable to flex or extend his spine at this level thereafter and had tenderness over the fourth and fifth lumbar vertebrae. No evidence of a herniated intervertebral disc was found and x-ray studies were negative. Following our usual regime, he received 3½ grams of procaine hydrochloride during a four-day course and experienced complete relief of his symptoms.

Probably the most favorable results in our experience with intravenous procaine were encountered in treating the allergic manifestations caused by acute and delayed penicillin reactions, of which two cases were treated in this fashion. Of the cases listed under miscellaneous: (Chart 3).

Case 8: Miss V. W., a 41-year-old schoolteacher received 300,000 units of aqueous procaine penicillin intramuscularly for a minor infection. The next day she noted onset of a fine diffuse macular rash, generalized erythema and pruritus and swelling of face and fingers which progressed until hospitalization five days later. Although intradermal testing was not practical in this case, in view of a negative history of allergy, a gram of procaine hydrochloride in 1,000 c.c. normal saline was administered intravenously the day of

CHART 2
ACUTE LOW BACK STRAIN

	Age	Number of Treatments	Total Dosage	Immediate Relief	Four Weeks Relief
1. Mr. R. M.	22	2	2 grams	Complete	Partial — Moderate
2. Mr. G. H.	43	6	4¾ grams	Partial — Moderate	Partial — Moderate
3. Mr. J. D.	28	4	3½ grams	Complete	Complete
4. Mr. E. T.	35	4	3½ grams	Partial — Moderate	Partial — Moderate
5. Mr. L. B.	32	8	7½ grams	Partial — Moderate	Partial — Moderate
6. Mr. C. R.	21	4	3½ grams	Almost Complete	

CHART 3
MISCELLANEOUS CASES

	Diagnosis	Age	Number of Treatments	Total Dosage	Immediate Relief	Four Wks. Relief
1. Mr. R. C.	Arteriosclerotic gangrene with ischemic pain	70	5	4½ grams	Complete	None
2. Mr. C. T.	Rheumatic fever Arthralgia	29	3	2½ grams	None	None
3. Mrs. M. F.	Rheumatoid arthritis, Severe	67	8	7½ grams	Partial — Moderate	Partial — Moderate
4. Mr. J. M.	Tinnitus aurium Arteriosclerotic gangrene	64	5	5 grams	Partial — Moderate	
5. Mrs. N. S.	Delayed penicillin reaction	30	3	3 grams	Complete	Complete
6. Mrs. P. P.	Metastatic breast carcinoma with wry neck	61	7	6½ grams	None	None
7. Mrs. C. R. C.	Pruritus from infectious hepatitis	31	4	3½ grams	Partial — Moderate	
8. Miss V. W.	Delayed penicillin reaction	41	2	2 grams	Complete	Complete
9. Mr. J. V.	Contractures of arches of feet	28	4	2¾ grams	None	None
10. Mr. C. K.	Sciatica	56	5	4½ grams	None	None

admission, and the one following, with complete disappearance of symptoms by the evening of the second day. (Chart 4).

Discussion

Although the number of cases treated in this series certainly does not warrant definite conclusions as to the value of intravenous procaine, our results indicate that it may be useful in selected cases.

It was evident that cases of symtomatic osteo-arthritis treated with this medication could be definitely benefited during the course of treatment to a greater or lesser extent, but the duration of the beneficial effects seems to invalidate the use of procaine intravenously for this condition, since the improvement even during the course of treatment is only partial, and in the majority of patients disappears within a week or two.

In cases experiencing symptoms of pain, limitation of motion, and tenderness about joints, which are not attributable to actual osseous damage visible by x-ray studies, the institution of intravenous procaine therapy appeared of definite value. This was especially true in cases ordinarily designated as acute low back strain. By this treatment it was possible to alleviate the symptoms almost completely and shorten the usual hospital stay by days or weeks. Usually a three to five-day course resulted in discharge and return to full working capacity.

Allergic manifestations resultant from the use of penicillin were relieved without untoward reactions with the administration of 1 gram daily doses for two or three days. In this field, procaine seems to hold out promise for its greatest usefulness. In addition definite benefits were seen in tinnitus aurium, relief of ischemic pain of arteriosclerotic origin, relief of generalized pruri-

CHART 4
MYOSITIS, CAPSULITIS, ETC.

	Age	Number of Treatments	Total Dosage	Immediate Relief	Four Weeks Relief
1. Mrs. L. S.	58	5	5 grams	Complete	Almost Complete
2. Mr. O. S.	53	5	4½ grams	Complete	Complete
3. Mr. G. W.	62	4	3½ grams	Complete	Partial
4. Mr. S. T.	36	5	3¾ grams	None	None
5. Mr. R. G.	57	6	6 grams	Partial — Moderate	Partial — Moderate
6. Mrs. A. M. C.	32	6	5½ grams	Almost Complete	Almost Complete
7. A. S.	74	4	3½ grams	Almost Complete	Almost Complete
8. Mr. M. L.	34	5	4½ grams	Complete	

tus of jaundice for variable periods, and even one case of rheumatoid arthritis.

Mild reactions were observed in four of our cases and apparently are heralded by a sensation of dizziness, followed by generalized warmth, headache, oppression and malaise. These reactions were easily controlled by decreasing the rapidity of flow, and the most severe was completely gone within two hours.

Summary

1. Intravenous procaine therapy was used in sixteen cases of osteo-arthritis, eight cases of myositis and capsulitis, six cases of acute low back strain, and ten miscellaneous cases.

2. Only temporary and partial benefit was observed in the cases of osteo-arthritis.

3. Immediate and sustained results were seen in the case of acute low back strain and capsulitis.

4. Complete relief of symptoms of penicillin reactions and benefits in tinnitus aurium and ischemic pain.

5. Nontoxic and safe method of administration of procaine hydrochloride.

REFERENCES

[1]Lewy, R. B.: Treatment of Tennitus Aurium by the Intravenous Use of Local Anesthetic Agents. Arch. Otolaryngology, 25:178, 1937.

[2]Lundy, J. S.: Clinical Anesthesia. Saunders, Philadelphia, pp. 392-583, 1942.

[3]Burstein C.: Treatment of Acute Arrhymthmias During Anesthesia by Intravenous Procaine. Anesthesiology, 7:2, 133, 1946.

[4]State, D., and Wangensteen, O. H.: Procaine Intravenously in Treatment of Delayed Serum Sickness. Journal of American Medical Association, 130:990, April, 1946.

[5]Hatcher, R. A., and Eggleston, C.: A Contribution to the Pharmacology of Novocaine. Journal of Pharmacology and Experimental Therapy, 8:385-405, July, 1916.

[6]Fosdick, L. S., and Hanson, H. L.: A study of the Products of Metabolism of Procaine Hydrochloride. Dental Cosmos, 73:1082-1084, November, 1931.

[7]Dunlop, J. G.: The Fate of Procaine in the Dog. Journal of Pharmacology and Experimental Therapy, 55:464-481, December, 1945.

[8]Goldberg, A., Koster, H., and Warshaw, R.: The Fate of Procaine in the Human Body After Subarachnoid Injections. Surgery, 46:49-56, January, 1943.

[9]Kirsh, B.: On the Specificity of Procaine Esterase. Experimental Medicine & Surgery, 1:278-280, August, 1943.

[10]Jacoby, J. J., Coon, J. M., Woolf, M. P., Salerno, P. R., and Livingstone, H. M. Effects of Procaine on Liver Function—An Experimental and Clinical Study. Anesthesiology, 9:481-489, September, 1948.

[11]Allen, F. M., and Safford, F. K.: Animal Experiments With Procaine and Related Drugs. Current Researches in Anesthesia and Analgesia, 27:121-136, May-June, 1948.

[12]Fraser, R. J.: Intravenous Pentothal Procaine Amalgina. Current Researches in Anesthesia and Analgesia, 27:159-163, May-June, 1948.

[13]Bittrich, N. M., and Powers, W. F.: Intravenous Procaine in Thoracic Surgery. Current Researches in Anesthesia and Analgesia, 27:181-196, July-August, 1948.

[14]Graubard, D. J., Robertazzi, R. W., Peterson, M. C.: One Year's Experience With Intravenous Procaine. Current Researches in Anesthesia and Analgesia, 27:222-226, July-August, 1948.

[15]Allen, F. M., Crossman, L. W., and Lyons, L. V.: Intravenous Procaine Analgesia. Current Researches in Anesthesia and Analgesia, 25:1-9, January-February, 1946.

[16]Fraser, R. F., and Kraft, K.: Pentothal—Procaine Analgesia. Current Researches in Anesthesia and Analgesia, 27:282-286, September-October, 1948.

[17]Barbour, C. M., and Tovell, R. M.: Experiences With Procaine Administered Intravenously. Anesthesiology, 9:514-523, September, 1948.

[18]Uhley, M. H., and Wilburne, M.: The Effects of Intravenous Procaine on the Electrocardiogram of the Dog. American Heart Journal, 36:576-581, October, 1948.

[19]Dunbar, S., and Dwork, R.: Reactions to Penicillin; Procaine Hydrochloride Intravenously in Treatment of Reactions Similar to Serum Sickness. Journal of American Medical Association, 133-849, March, 1947.

[20]Appelbaum, E., Abraham, A., and Sinton, W.: A Case of Serum Sickness Treated With Procaine Intravenous. Journal of American Medical Association, 131:1274, August, 1946.

[21]Waldbort, George: Procaine for Urteraria From Penicillin. Journal of American Medical Association, 133:1301, April, 1947.

[22]Graubard, D. J., Kovair, and Ritter: Management of Osteoarthritis of Hip by Intravenous Procaine. Annals of Internal Medicine, 28, June, 1948.

[23]Graubard, D. J.: Micro-determination of Blood Levels of Procaine Hydrochloride After Intravenous Injection. Anesthesiology, 8:236, May, 1947.

[24]Johnson, K., and Gilbert, C. R. A.: Intravenous Procaine for Obstetrical Anesthesia. Current Researches in Anesthesia and Analgesia, 25:133, July-August, 1946.

[25]Graubard, D. J., and Ritter, H. H.: Intravenous Procaine in the Treatment of Trauma. American Journal of Surgery, 74:765-69, November, 1947.

[26]Gordon, R. A.: Intravenous Novocaine for Analgesia in Burns (Preliminary Report). Canadian Medical Association Journal, 49:478, 1943.

[27]Cohen, A. E., and Kautman, J.: The Use of Procaine Hydrochloride Intravenously in the Treatment of Reactions to Penicillin. Journal of Allergy, pp. 68-70, January, 1948.

SUPERFICIAL EXAMINATION OF PATIENTS UNDER NATIONALIZED MEDICINE HELD HEALTH THREAT

Superficial medical examinations resulting from a nationalization of medicine are a threat to public health, in the opinion of Dr. Ernest E. Irons of Chicago, President of the American Medical Association. Dr. Irons issued the warning in a speech prepared for delivery last night (Sunday, September 11) before the 60th annual convention of the Washington State Medical Society in Seattle. He pointed to conditions in England where hospitals have been taken over by the government and where doctors, in order to live, must have from 2,000 to 4,000 patients under the established panel system. The results are, Dr. Irons said, that "the sick must wait weeks or months for hospital admissions" and patients in doctors' offices receive only "a moment or two of the doctor's time."

"This possibly is all that some of them require, since they come to get something for nothing," he said. "But the patient with early symptoms of serious diseases such as cancer or tuberculosis receives the same superficial attention instead of a thorough examination. The disease which might have been recognized and arrested is allowed to grow to more serious stage."

Organization

WYOMING
State Medical Society

46TH ANNUAL MEETING
WYOMING STATE MEDICAL SOCIETY

Casper, Wyoming

September 12, 13, 14, 1949

PROCEEDINGS

Natrona County Medical Society was host to the Wyoming State Medical Society during its 46th annual meeting, held in Casper September 12, 13, and 14, 1949. The tireless efforts of Dr. George E. Baker, President of the State Society, the committees, and members of Natrona County Medical Society are to be commended. Their labors proved most worthwhile, and everyone reaped an invaluable harvest, from the enlightening Scientific Papers presented, and the general good fellowship that prevailed.

The general sessions highlighted clinical presentations by noted out-of-state speakers, and the topics were so varied as to cover the many fields which are of paramount interest to the general practicing physicians in Wyoming. Speakers for the general session included: Drs. Earl E. Barth, Chicago; Claude S. Dixon, Rochester; L. Martin Hardy, Chicago; Daniel R. Highbee, Denver; F. W. Fitz, Chicago; John W. Huffman, Chicago; David Flett, Cheyenne; and Edgar B. Johnwick, Hot Springs, Arkansas. These Scientific Papers will be presented to the Rocky Mountain Medical Journal, and it is hoped that they can be published during the coming year.

Meetings of the House of Delegates followed general sessions and Scientific Papers. All meetings were held in the Veterans of Foreign Wars Hall in Casper.

Natrona County Medical Society welcomed members of the State Society, guests, and exhibitors by inviting all to a smoker at the Officers' Club, Townsend Hotel, the evening of September 11. It was well attended. The annual banquet was held the evening of September 13 at the Gladstone Hotel. Dr. Frank Fiereabend from Kansas City, Missouri, was the principal speaker for the evening. Dr. Fiereabend very capably covered the subject of prepayment Medical Care Plans in the United States. He received a great ovation, and certainly his presentation was one of the most inspiring of the entire meeting.

Mr. Harrison Brewer of Casper presided as toastmaster and introduced guest speakers and officers of the Society. Mr. Brewer's wit, the fine food, and inspiring speakers all played their part in making it a gala occasion. As always, the banquet highlighted the annual social functions of the Society.

Drug supply and surgical instrument displays, as well as representatives from other fields, were situated in convenient and accessible locations. As a result, exhibitors did a fine job in presenting and explaining the uses of their many new products to the doctors.

There were sixty-seven Wyoming doctors registered at the meeting, nineteen doctors from out of state, and fifty-five guests and exhibitors.

GENERAL MEETINGS

September 12, 1949

At 10:30 a.m. Dr. George Baker, who presided, announced that the first Clinical Session would come to order. He introduced Dr. C. F. Dixon of Rochester, Minnesota, who presented the paper, "Surgery of the Gall Bladder." This was followed at 11:00 a.m. by Dr. D. R. Higbee, Denver, Colorado, who presented a paper on "Case Selections in Treatment Carcinoma of the Bladder." Then "Observations of Rheumatic Fever" was presented by Dr. David Flett of Cheyenne, Wyoming. At 12:00 noon the meeting adjourned for lunch at the Townsend Hotel.

The meeting reconvened at 2:00 p.m. Dr. L. Martin Hardy of Chicago, Illinois, presented a paper on "Congenital Abnormalities of the Upper Alimentary Tract." Dr. John W. Huffman, Chicago, Illinois, gave his paper on "Postoperative Pulmonary Complications," followed by Dr. Earl E. Barth of Chicago presenting "Roentgen Findings in Common Pulmonary Lesions." This was followed by Fred W. Fitz of Chicago, Illinois, who gave the last paper of the afternoon entitled, "Bacterial Pneumonia."

September 13, 1949

The meeting was called to order by Dr. R. H. Reeve of Casper, Wyoming, who presided. He introduced Dr. George E. Baker, President, who then presented the Presidential Address. At 9:00 a.m. Dr. George H. Phelps, Secretary, of Cheyenne, Wyoming, presented Wyoming's legislative problems as developed in the past few months. Following Dr. Phelps, the rest of the morning was devoted to Clinical Presentations: "Observations of Venereal Disease," Edgar B. Johnwich; "Use of Endocrines in Urological Practice," Dr. D. R. Higbee; "General Surgical Problems of the Abdomen," Dr. C. F. Dixon. The meeting adjourned at 12:00 noon, and the membership retired to the Townsend Hotel for luncheon and discussion.

HOUSE OF DELEGATES

First Meeting, September 12, 1949—10:00 a.m.

President George Baker declared the 46th annual session of the Wyoming State Medical Society convened. Dr. Henrich, President of the Natrona County Medical Society, welcomed the Society to Casper, expressing the hope that the meeting would be successful and beneficial to all. Dr. DeWitt Dominick, President-Elect of Cody, Wyoming, then responded, expressing his admiration for the splendid manner in which

Good Nutrition..

A VITAL FACTOR IN THERAPY

The sound and wholesome nutritious diet is an integral part of modern day preventive and definitive therapy. A steady stream of adequate amounts of all the essential nutritional elements is vital for good growth, maintenance of tissue structure and functioning, healing after trauma, and resistance to infection. For maintaining this daily, steady stream of nutrients, however, conditions both in health and illness often make imperative the use of an efficient food supplement along with the diet.

The *multiple dietary food supplement* Ovaltine in milk has wide usefulness for enhancing to full adequacy even nutritionally poor diets. Its rich store of vitamins and minerals includes vitamins A and D, ascorbic acid, thiamine, riboflavin and niacin, and calcium, iron and phosphorus. Its nutritionally complete protein has excellent biologic rating.

Since these vital nutritional values along with carbohydrate and easily emulsifiable milk fat are incorporated in liquid suspension or solution, Ovaltine in milk is also especially adapted to liquid diets. The highly satisfying flavor makes for its ready acceptability when foods are often distasteful.

The important overall nutrient contribution of three glassfuls of Ovaltine mixed with milk is presented in the accompanying table.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.

Ovaltine

Three servings of Ovaltine, each made of ½ oz. of Ovaltine and 8 oz. of whole milk,* provide:

CALORIES	676	VITAMIN A	3000 I.U.
PROTEIN	32 Gm.	VITAMIN B1	1.16 mg.
FAT	32 Gm.	RIBOFLAVIN	2.0 mg.
CARBOHYDRATE	65 Gm.	NIACIN	6.8 mg.
CALCIUM	1.12 Gm.	VITAMIN C	30.0 mg.
PHOSPHORUS	0.94 Gm.	VITAMIN D	417 I.U.
IRON	12 mg.	COPPER	0.5 mg.

*Based on average reported values for milk.

Two kinds, Plain and Chocolate Flavored. Serving for serving, they are virtually identical in nutritional content.

the Natrona County Medical Society was handling the session.

The President then appointed committee chairmen: Credentials Committee, Dr. Ridgway, Cody, Chairman; Time and Place Committee, Dr. DeWitt Dominick, Cody, Chairman; Resolutions Committee, Dr. C. W. Jeffrey, Rawlins, Chairman. Dr. Baker announced that the Counselors would meet at the call of the Chairman, Dr. Earl Whedon, to take care of such business as should come before the body.

Dr. Baker urged members of the Society to call at the different exhibit booths so that they could see what progress was being made in the way of supplies and equipment. Dr. Sampson of Sheridan moved that the rules be suspended and the election of officers be postponed until the final meeting of the House of Delegates on Wednesday, September 14, 1949. Dr. Jeffrey of Rawlins seconded the motion. The motion was passed. There being no further business, Dr. Baker adjourned the House of Delegates until 2:00 on September 13, 1949.

Second Meeting, September 13, 1949,

1:30-5:00 p.m.

President Baker called the meeting to order, expressing his appreciation for having had the privilege of being President for the past year. The first order of business was the report of the Credentials Committee, Dr. Ridgway, Chairman. Dr. Ridgway reported that all credentials were in order, and all those seated in the House of Delegates were members in good standing. Dr. Whedon seconded the motion, and it passed unanimously.

Dr. Baker stated that the minutes of the 1948 meeting of the House of Delegates had appeared in the December issue of the Rocky Mountain Medical Journal for 1948, Pages 1142 to 1156. Dr. Krueger moved that the minutes be accepted as published and be not read. Dr. Holtz seconded the motion. It passed unanimously. At this time the privilege of the floor was granted to Dr. Howard, Assistant of the American Medical Association.

After the talk by Dr. Howard, Dr. Reeve of Casper, Wyoming Delegate to the American Medical Association, was called on. Following the report of Dr. Reeve, Dr. Baker expressed the thought that perhaps Dr. Reeve was too modest concerning the part he played as the Delegate to the American Medical Association for the past year.

Dr. W. A. Bunten of Cheyenne, Wyoming Chairman of the National Educational Committee of the American Medical Association, reported on the activities of his committee. Following the report by Dr. Bunten, Arthur R. Abbey, Executive Secretary, reported on the activities of the Secretary's office.

Dr. Baker then introduced Dr. Burnett of the Veterans Administration. Dr. Burnett stated that he was pleased that the doctors of Wyoming were working in such close cooperation with the Veterans Hospital in Cheyenne. Dr. Pierce, Chief Medical Officer of the Veterans Hospital in Cheyenne, extended an invitation to all the doctors to visit the hospital whenever they are in Cheyenne.

Mr. Harvey Sethman Managing Editor of the Rocky Mountain Medical Journal, was then called on for a few remarks and addressed the body. Dr. C. W. Jeffrey of Rawlins, having served four terms in the Wyoming State Legislature, was called on to make a few statements in connection with the importance of vigilance and the necessity of the medical profession to watch all legislation.

Dr. Whedon reported on the Rocky Mountain Medical Conference, urging all to attend the next conference if possible.

Committee Reports

Dr. Baker then requested the reports of the various committee chairmen.

Syphilis Committee, N. E. Morad, Chairman, Casper no report. Cancer Committee, Earl Whedon, Chairman, Sheridan, report read and submitted. Medical Economics Committee, C. L. Rogers, Chairman, no report. Fracture and Industrial Health Committee, Philip Teal, Chairman, Cheyenne, no report. Medical Defense Committee, George Baker, Chairman, Casper, no report. Counselors, Dr. Reeve, Chairman, no written report. Advisory to Women's Auxiliary, John R. Bunch, Chairman, Laramie, no report. Industrial Health Committee, K. E. Krueger, Chairman, Rock Springs, submitted a report on the miners' health and welfare program as it has been working in Wyoming.

Dr. Krueger: "The health and welfare program of the United Mine Workers of America is now in effect in this state. The program finally got under way as of the 1st of July, 1949, and because of the immensity of the structure, policies and procedures are not clearly formulated, but each succeeding case brings experience that serves as a base for the ones to come.

"The program reached out and covered many old folks who had not been affiliated with the mines for several years; it provided pension and medical care to widows and dependents of former members of UMWA who would otherwise be covered by current medical contracts. The major service given pensioners, widows, and dependents was complete hospital care.

"Medical care benefits are not the same for all members of the United Mine Workers of America. There are two groups as follows:

(1) Members of the United Mine Workers of America who are receiving Disability Benefits, Pensions, or Widows' Assistance, and

(2) Members of the United Mine Workers of America and their dependents who are covered by hospital check-off contract.

"The first group is entitled to received all necessary medical care. This includes home and office care, hospitalization and medical care in the hospital, prescribed drugs, specialist services, and any other services for which there are medical indications.

"As identification, this group, a beneficiary or his dependents, must show the practicing physician (1) either an Authorization for Grant or an Authorization for Pension and (2) a current check stub. The Authorization for Grant will have the names of the dependents of the beneficiary typed on it. The Authorization for Pension will have the name of the miner receiving the pension and his wife's name typed on it, but the names of his dependents will be written on the form. The Authorization for Grant is current for one month from the date appearing on it; the Authorization for Pension check stub is current for the calendar month which is stated on it.

"The second group, UMWA members and their dependents who are covered by hospital check-off contract, are entitled to receive hospitalization and medical care in the hospital. The patient is responsible for the cost of any other services.

"This group secures a written referral from the physician in charge during the period of hospitalization. The patient takes the physician's referrel to his Local Union officials who will give him a Hospitalization slip, which is duly signed by the two designated Local Union officers and bearing the imprint of the Local Union Seal.

"When a patient who is receiving Disability Benefits, Pensions, or Widows' Assistance of one of his dependents needs medical care, he will go to a participating physician and present his papers of identification. The physician examines the Authorization for grant or pension to determine that the patient's name is on it. He also examines the check stub to determine that it bears a current date. The physician will provide the usual services in the home or office. He may refer the patient elsewhere for services which he does not provide.

The procedure to be used in making these referrals is as follows:

"1. Drugs.

"Drugs and medical requisites which are medically indicated may be prescribed. The Fund will pay only for those prescribed drugs listed in the U. S. Pharmacopoeia, New and Non-Official Remedies, or National Formulary and those new drugs accepted for inclusion in New and Non-Official Remedies.

"Drugs should be prescribed on the Funds Prescription and Referral Form in an original and one copy. Both copies must be given to the patient to be taken to a participating druggist. Prescriptions will not be refilled unless the physician indicates the number of refills permitted on the form. If a physician does not have a copy of the Prescription and Referral Form, he may use his usual prescription blank, but must include the identification material required—File Number, patient's name, District, and Local Union Number. This information must be obtained from the Authorization for Grant or Pension.

"Physicians who dispense drugs not included in the usual fee for home and office care will enter these on the Physicians and Druggists Register, indicating the drug prescribed, the quantity dispensed, and the charge made on the line under the patient's name.

"2. Referral to another physician.

"If a physician desires to refer a patient for additional service to another participating physician, he should use the Prescription and Referral Form. The identifying data should be filled in. The balance of the form may be used to remind the patient of his appointment or to give information to the other physician. The physician may use his usual prescription blank, but the required identification material must be included. Lists of participating physicians providing general medical care as well as a list of specialists accepting only referred cases may be secured from the Area Medical Office of UMWA.

"To refer a patient to a physician not on the lists of participating physicians the general practitioner will complete the Recommendation for Medical Care Form and forward to the Area Medical Administrator. If the Area Medical Administrator approves, he will issue an authorization for the service recommended.

"3. Referral to Hospitals.

"When a physician determines that a patient requires hospitalization and plans to care for him personally during the period of his hospitalization, he will issued a Prescription and Referral Form which the patient will take to the hospital.

"The physician may refer the patient to another physician for care in the hospital. Under such circumstances the general practitioner will prepare the Prescription and Referral Form which the patient will take to the physician who will care for him in the hospital. This physician will in turn issue the referral to the hospital.

"If the physician wishes to hospitalize a patient at a hospital not on the list of cooperating hospitals, he will submit the Recommendation for Medical Care to the Area Medical Administrator. If the Area Administrator approves, he will issue an authorization for the service recommended.

"4. Dental Care.

"If there are medical indications for dental care, the physician caring for the patient may refer him by means of the Prescription and Referral Form to a dentist of the patient's choice with a request that a report on the dental work and the cost of doing it be prepared. The dentist will submit this report and estimate, with the Prescription and Referral Form which he received from the patient, to the Area Medical Administrator. The Area Medical Administrator will issue an authorization if he approves the request.

"Special forms are provided physicians for submitting bills to the UMWA. A daily register of UMWA patients is maintained in the physician's office and submitted monthy to the Area Medical Office for payment. Hospitals likewise submit a bill on each patient, using proper identification—an authorization number from the local union, Local Union Number, and District Number. With each hospitalized case, the physician submits a clinical abstract of his services.

"A group of doctors at Rock Springs, Wyoming, at the present time has a contract with the UMWA members which is paid by a $3.50 check-off per month. The contract covers house calls, office calls, and medications for UMWA members who are working. Surgery, hospitalization, and obstetrics are paid for by the national UMWA set-up."

Veterans' Affairs and Military Service Committee, A. J. Allegretti, Chairman, Cheyenne, no report. Blue Cross Hospital Committee, R. I. Williams, Chairman, Cheyenne, no report. Public Policy and Legislative Committee, George Phelps, Chairman, Cheyenne, no written report. National Physicians Committee, George Phelps, Chairman, Cheyenne, no report. Poliomyelitis Committee, H. L. Harvey, Chairman, Casper, no report. State Institution Advisory Committee, J. F. Whalen, Chairman, no report. Necrology Committee, Earl Whedon, Chairman, report submitted. Rural Health Committee, Paul Holtz, Chairman, Lander, no report. Public Health Department, Liaison Committee, E. C. Ridgway, Chairman, Cody, report submitted.

Dr. Ridgway: "Mr. Chairman and Delegates of the Wyoming State Medical Society, the Committee on Public Health has conducted a few items of business via Round-Robin letters during the year. These were initiated generally by Dr. Yoder when he wanted our opinions on some matter of public health.

"The one idea of important business that this committee took into consideration is the disposition of funds allotted by the Federal Government to each state for the purpose of improving mental health and hygiene. This committee, after prolonged discussion, has decided that these funds could be very well used in the State of Wyoming to pay the salary of a psychiatrist and other trained personnel to work under the direction of the State Health Department. We feel that it would be a great advantage to the physicians and the people in the State of Wyoming if a properly trained psychiatrist could visit the various cities and towns in the state for the purpose of giving talks on mental hygiene. We feel that this could be most useful in the education of mothers to improve their understanding of mental hygiene as it pertains to their children.

"We also felt that such a person could serve the doctors in the capacity of a consultant when the practicing physician requested such assistance."

Child Health Committee, Paul W. Emerson, Chairman, Cheyenne, no written report. Counsel on National Emergency Medical Service, George Phelps, Chairman, Cheyenne, no report submitted.

Third Meeting, September 14, 1949, 11:00 a.m.

The meeting was called to order by President Baker. Dr. Baker explained that the reason for a two-and-one-half day meeting instead of the previous three-day session was in consideration of those who must travel a great distance to their homes. It therefore was decided to compress the meeting so that the visiting delegates could journey home the day of the final meeting.

Dr. Baker then called on Dr. Franklyn Yoder, Director of the Wyoming State Public Health Department, who was introduced by the Chairman, and addressed the delegates concerning the functions and goals of the State Health Department. He extended a cordial invitation to all of the doctors in the state to call on his department at any time.

Dr. Earl Whedon proposed a substitution to Article IX of the Constitution as follows:

"That Article IX be and is hereby repealed and that the following be adopted in its place. Article IX, Officers, Section I. The officers of this association shall be a President, a President-Elect, who shall be the President at the annual meeting after his election and adoption of this amendment and no President shall thereafter be elected; a Vice President, a Secretary, a Treasurer, and five Counselors. Section II. The officers, except the Counselors, shall be elected annually. The terms of the Counselors shall be for five, four, three, two, and one years. After the election of the Counselors for the aforesaid terms, one Counselor shall be elected annually to serve for five years. No two Counselors shall be elected from any county, and all these officers shall serve until their successors are elected and installed"

The above substitute for Article IX was duly seconded by several members. The President then instructed the Secretary to publish the sub-

stitute for Article IX inasmuch as there was no opposition to the substitution.

Dr. Earl Whedon, Chairman of the Necrology Committee, delivered a eulogy on a deceased member.

"Dr. Denison was a native of Ohio and attended school in Cincinnati. As a young doctor, he journeyed to Wyoming where he practiced all his life. Although he was far removed from Ohio, both in time and distance, he nevertheless remained an ardent Buckeye. Dr. Denison was known and respected by a vast majority of the people in Sheridan County, and his passing was as one of the giants of the forest that has finally fallen. His place in the medical practice in Sheridan County will in time be filled, but he will never be replaced in the hearts of those who knew and loved him."

Following Dr. Whedon's eulogy, Dr. Baker called the House of Delegates to rise, offering a minute of silent tribute to the deceased member.

Dr. Jeffrey, Chairman of the Resolutions Committee, offered the following resolutions:

"Resolved first and foremost, that the House of Delegates commend the President, Secretary, Treasurer, Delegates of the American Medical Association, and other delegates of the Natrona County Medical Society for the untiring work which they have done during the past year, the excellent way in which they have presided at and conducted this meeting, the preparation and presentation of reports and papers for our information and enlightenment."

"Resolved, That the officers and members of the Natrona County Medical Society, our hosts, be given a vote of thanks for the courtesy shown the members of the Wyoming State Society, for the royal entertainment accorded them, and for the entertainment shown the Women's Auxiliary."

"Resolved, That the Veterans of Foreign Wars Club be given an added vote of thanks for the privilege of holding our meeting in their club room, and also that the hotels in Casper be thanked for the splendid way they treated the delegates and visitors during their stay in Casper."

"Resolved, That more attention, time, and contribution be given by the members of our Society to the critical public opinion in both state and county affairs, as they regard the medical profession."

"Resolved, That Dr. Lester C. Hunt, Junior Senator from the State of Wyoming, be given a vote of thanks for his untiring efforts toward the defeat of Reorganization Plan Number One. Further resolved that Senator Hunt be informed of this resolution by letter."

Dr. Wilmoth of Lander moved that the resolutions be adopted, and they were seconded by Dr. George H. Chelps of Cheyenne. The motion was passed unanimously.

Dr. Baker then called for the report of the Time and Place Committee, Dr. DeWitt Dominick of Cody, Chairman. Dr. Dominick reported that there were two requests for the meeting for 1950 that had been received, one from Cheyenne and one from Cody. Cody was selected by unanimous vote of the committee, the dates of the 1950 meeting to be determined later.

Dr. Baker, retiring President, then introduced Dr. DeWitt Dominick of Cody, Wyoming, as the new President, and Dr. Dominick then expressed his gratitude for being able to serve in such a great office.

The last item of business was the election of officers. The following officers were elected unanimously, and the Secretary was instructed to cast a unanimous ballot for their election:

Officers

DeWitt Dominick, M.D., President, Cody, Wyoming.

Earl E. Krueger, M.D., President-Elect, Rock Springs, Wyoming.

Paul R. Holtz, M.D., Vice President, Lander, Wyoming.

P. M. Schunk, M.D., Treasurer, Sheridan, Wyoming.

George H. Phelps, M.D., Secretary, Cheyenne, Wyoming.

Arthur R. Abbey, Executive Secretary, Cheyenne, Wyoming.

Dr. Earl Whedon, Chairman of the Board of Counselors, called a meeting immediately following the House of Delegates meeting which was attended by Counselors Whedon, Baker, Dominick, DeKay, Secretary Phelps, and Executive Secretary Abbey. The minutes of the Counselors Meeting are as follows:

Counselors Meeting

Dr. Earl Whedon called the Counselors Meeting to order at 12:30 p.m. on September 14, and declared that the first order of business was the study of the budget. Executive Secretary Abbey read the budget for 1949, and the appropriations amounted to $3,500. The following budget was prepared for 1950. By motion of Dr. Phelps and seconded by Dr. Baker, the budget was approved.

1950 Budget

Delegate to the AMA and Secretary's Travel	$1,200
Rocky Mountain Medical Journal	500
Additional Executive Secretary's Office Expense	500
Executive Secretary's Salary	1,200
Telephone and Telegraph	300
Postage and Stationery	500
Travel Expense	500
Contingency Expense	200
Total	$4,900

Dr. Baker then suggested that a voucher system be placed in effect starting January 1, 1950. Dr. Baker put this into the form of a motion, stating that the Wyoming Medical Society should not pay any bills after January 1, 1950, without a proper voucher prepared by the Executive Secretary and sent to the person presenting the bill to make out completely. This was seconded by Dr. DeKay and passed unanimously.

The next order of business was the appointment of the Executive Secretary to his office for one more year. Dr. Dominick moved that the Executive Secretary be re-appointed for a year and through the next annual meeting, at a salary of $100 per month. This was seconded by Dr. Baker and passed unanimously.

Dr. Dominick then made a motion that the Counsel have a meeting subject to the call of the Chairman at least three times a year, as near quarterly as possible. This was seconded by Dr. Phelps and passed unanimously.

The Counselors then audited the Executive Secretary's Report and his personal checkbook for the State Medical Society, initialing it after finding every disbursement in order.

At 2:15 p.m. it was moved by Dr. Baker and seconded by Dr. Phelps that the meeting be adjourned.

Report of Funds Received by the Executive Secretary and Transmitted to the Treasurer for the Period, September 1, 1948, to September 1, 1949

Received and transmitted to the Treasurer:	
7 dues for 1948 (receipt Nos. 963-969 incl.) at $25.00	$ 175.00
187 dues for 1949 (receipt Nos. 970-1157 incl.) (No. 1000 was voided)	4,675.00
141 A.M.A. assessments at $25.00 each	3,525.00
Total Transmitted	$8,375.00

Treasurer's Report

Money Received and Disbursed January 1, 1948, to January 1, 1949
General Fund

Cash Receipts:		
Cash balance January 1, 1948		$1,193.29
Fees 187 members at $25.00	$4,675.00	
Interest on Bonds	287.50	4,962.50
		$6,155.79
Disbursements:		
Dr. Earl Whedon, Travel Expense Committee Meeting		$ 36.70
Pickett and Swainson, Legal Service		1,000.00
George Phelps, Legislative Committee Dinners		35.57
Art Abbey, to pay immediate bills		200.00
Wyoming Hospital Service, Expense State Society Business		4.59
Art Abbey, Salary September 25th to February 25th		500.00
Conference of Presidents, 1948 membership		10.00
Art Abbey, Salary March 1st to July 1st		400.00
P. M. Schunk, Travel Expense, Officers Meeting		42.94
Wyoming Hospital Service, 75 per cent expense to A.M.A. meeting		140.99
C. B. Coolidge, C.P.A. Expense		105.00
Collector Internal Revenue, Income Tax and Old Age Benefit		218.53
Art Abbey, Salary July 1st to September 1st		200.00
Mrs. W. A. Steffen, Travel and Office expense		32.16
George Phelps, mimeograph and flowers		37.05
Harold S. Morgan, M.D., Travel Expense State Meeting		59.34
E. W. DeKay, hotel bills for guest speakers		54.29
Rocky Mountain Medical Journal, 180 subscriptions		450.00
Arthur Abbey, Salary September 1st to January 1st		400.00
George P. Johnston, Expense House of Delegates meeting two times		400.00
Wyoming State Med. Society, reimburse Secretary, personal expense acct.		192.22
Bank Service Charge		.26
Total Disbursements		$4,519.64
Less outstanding check		400.00
		$4,119.64
Cash in Bank January 1st		2,036.15
		$6,155.79

Medical Defense Fund

Cash balance January 1, 1948		$4,157.97
Receipts—None		
Disbursements for Government Bonds	3,500.00	$657.97

Summary of Resources January 1, 1949

General Fund		
Cash on Hand	$2,036.15	
U. S. Bonds	3,500.00	$5,536.15
Medical Defense Fund		
Cash on Hand	$ 657.97	
U. S. Bonds	9,500.00	
		10,157.97
		$15,694.12

Respectfully submitted:
P. M. SCHUNK, M.D.
Treasurer.

Obituary

JOHN G. COGSWELL

Dr. John G. Cogswell of Riverton, Wyo., died September 17, 1949. He was born in Toronto, Canada, July 28, 1879, and came to the United States as a boy, living first in Oklahoma and later in Nebraska. He received his premedical training and academic degrees at Fremont Normal School and Fremont College of Pharmacy, Nebraska, in 1902. He was graduated from the American College of Medicine and Surgery, Valparaiso University, in 1905 and from the University of Illinois College of Medicine in 1907.

He was a member of the Staff of Cook County Hospital, Chicago, from 1905 until 1907, in which year he came to Riverton, Wyo., where he established his practice.

He was appointed a member of the Wyoming State Board of Medical Examiners in 1913 and served in various public capacities connected with his profession in the state and in Fremont County.

He was one of Wyoming's pioneer physicians and served his community well and faithfully for many years, often on long horseback trips covering thirty or forty miles even in the most bitter of Wyoming's winters.

L. H. WILMOTH.

NEW MEXICO
Medical Society

PROGRAM

CONFERENCE OF COUNTY SOCIETY PRESIDENTS AND SECRETARIES of the NEW MEXICO MEDICAL SOCIETY

Saturday, February 11, 1950—Alvarado Hotel, Albuquerque, New Mexico

PROGRAM

1:00 p. m.—Luncheon, Alvarado Room, Alvarado Hotel.

Alvarado Ballroom

1:45 p. m.—Welcome: J. W. Hannett, M.D., Albuquerque, President, New Mexico Medical Society.

1:50 p. m.—"Statement of Purposes of Meeting and Introduction of New Officers": H. L. January, M.D., Albuquerque, Secretary-Treasurer, New Mexico Medical Society.

2:05 p. m.—Public Relations Committee Report: C. Pardue Bunch, M.D., Artesia, Chairman.

2:20 p. m.—Discussion.

2:30 p. m.—"You and Your Local Editor": Mr. Keen Rafferty, Albuquerque, Secretary, New Mexico Press Association.

2:50 p. m.—Recess.

3:00 p. m.—Basic Science Committee Report: Raymond L. Young, M.D., Santa Fe, Chairman.

3:15 p. m.—Discussion.

3:25 p. m.—Rural Health Committee Report: Stuart W. Adler, M.D., Albuquerque, Chairman.

3:35 p. m.—Discussion.

3:45 p. m.—Legislative and Public Policy Committee Report: A. S. Lathrop, M.D., Santa Fe, Chairman.

4:00 p. m.—Discussion.

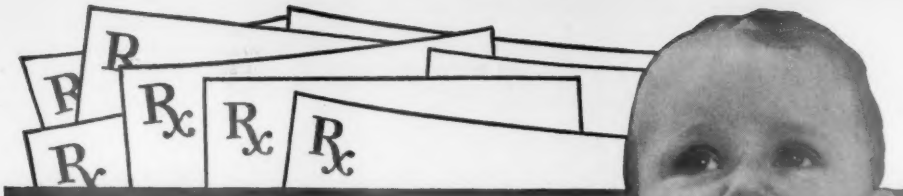
4:10 p. m.—"Effective Lobbying": Mr. John Simms, Jr., Albuquerque, Speaker of the House of Representatives.

4:30 p. m.—Recess.

5:30 p. m.—Dinner, Alvarado Room.

6:15 p. m.—"Medical Public Relations": Mr. Dick Graham, Executive Secretary, Oklahoma State Medical Association, Oklahoma City.

7:30 p. m.—Adjournment.



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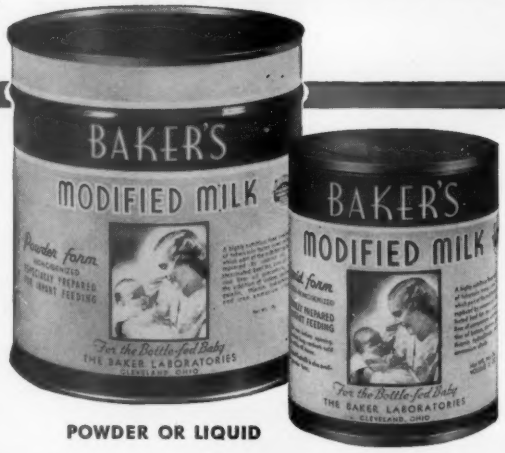

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ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

UTAH
State Medical Association

MEDICAL SERVICE BUREAU OF THE UTAH STATE MEDICAL ASSOCIATION

Summary of the Minutes of the Annual Stockholders Meeting, Held September 1, 1949, 6:30 P.M.—Union Building, University of Utah, Salt Lake City, Utah

The Annual Stockholders Meeting was held at the Union Building, University of Utah Campus, Salt Lake City, Utah, on September 1, 1949, commencing at 6:30 p.m.

The meeting was a dinner meeting to which all of the stockholders were invited guests. Following dinner the stockholders were addressed by Mr. H. Charles Abbott, Assistant Director of the Southern California Hospital Service, Los Angeles, California, as follows:

"We all realize that the demand for your services exists. If you were in any other field in our free enterprise system, you would be faced with the problem of the expenditure of millions of dollars to create this demand. But in spite of your fortunate position in having available services for which there is a constant demand, you are also in the unfortunate position today of being a part of a service that many people feel can only properly be handled by the Government stepping in and providing health services.

"Your greatest protection today against this Government encroachment is your Blue Shield organization. Blue Shield and Blue Cross have been and must continue to be your first line of defense; but this line of defense can be strengthened only if you give up some of your individual prerogatives in order that you may save the balance.

"During the past five years from an insurance standpoint there has been a remarkable growth in the Blue Shield organization. You may rightly point with pride to your eleven million members, but the social planners in the Government point with scorn to the fact that this is less than 7 per cent of the population of this country.

"Because of the problems with which you are faced, let us take a look at this first line of defense of yours from a layman's point of view.

"Blue Shield is to me not primarily a nonprofit, charitable institution designed by the doctors to take care of the indigent and semi-indigent, but rather an organization designed to create consumer credit for a specified field.

"Credit creation is usually handled in one of two basic manners:

(1) By advancing goods or money against future earnings; or,

(2) By insurance; that is, credit accumulated against future needs through payment out of current income with the sum of income amplified by mutual sharing of risk.

"It is, of course, into the second category that your Blue Shield organization falls.

"A quick glance at your situation might give the impression that you have the services available and you have set up the credit creating organization for the people; therefore, you should be able to relax and let nature take its course.

"But, unfortunately, it is not quite that simple, because time and economics and politics enter into the picture.

"We all hope that there is time for a gradual evolution of this health insurance field, but the amount of time left for significant achievement is probably about two years—not ten or more.

"Much has been accomplished for you in the health-service-credit-creating field during the past few years. When I entered this field twelve years ago, a premium of a dollar or two a month was the maximum figure that could be sold to the public for health services. Today, this figure has reached between five and six dollars a month, but only because of education and evolution.

"But there is also another simple fact which we must face. Should economic developments force a family to economize, that family will probably give up health insurance first. Cars, washing machines, refrigerators, etc., are all tangible; you own them outright when you make the last payment. Health insurance is an intangible, and when money is short it is a continuous burden. Therefore, premiums must at all times be kept in line with current economic trends.

"A union leader made the statement to me this week that six dollars a month were all his men could afford to pay for health insurance. For any premium beyond this amount, they would—if necessary—strike for company contribution and immediately increase the pressure for socialized medicine. I will agree with him as of today as to the maximum amount of premium but two years from now this same group may through education be ready to assimilate an additional premium for added services.

"Keeping these few facts in mind, let us take a look at your local situation.

"Your Medical Service Bureau has an interesting history. Starting with a minimum of capital and in spite of having every bad insurance underwriting practice forced upon it, it has successfully survived the past few years. Today, more than 5 per cent of the population of the state is enrolled; furthermore, it has discharged its obligations in full to its participating physicians. Credit must be given to the Board of Directors and the Executive Director for a job well done.

"But, I feel sure you did not go into the health insurance field in order to provide prepaid services for only 5 per cent of the population. Therefore, if you believe in the fundamental concepts of your credit-creating organization then the problem you face is to rapidly accelerate its growth. To accomplish this objective, it is vital from a marketing standpoint that your package be carefully reviewed—that it give the maximum for the money paid in, and above all be in a position to compete both from a benefit and cost standpoint with other health insurance offerings. You might ask, why should you as a group of doctors set up an organization to compete with these other credit-creating groups in the health field? History provides that answer. For a period of approximately thirty-five years the commercial insurance carriers have been in the health insurance field, content to provide minimum benefits which were in no way tailored to meet the health problems of the people of this country. Only when the way was paved by

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in resistant staphylococcal infections

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Aureomycin has been shown to be highly useful in the control of staphylococcal infections, many of which exhibit a high degree of resistance to other antibiotics and chemotherapeutic agents. The prognosis in systemic staphylococcal infections is sufficiently serious so that the optimum treatment should be administered immediately, and continued for one or several days after the temperature has subsided to normal.

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Blue Shield and Blue Cross did the commercial companies bring into this health field offerings which came closer to helping solve the problem. These organizations are not interested in your welfare, unless that interest can produce a substantial margin of profit. You must, therefore, not only compete but lead the parade if you want continued progress in this program to create higher levels of consumer credit in your field.

"As I stated before, the public is more or less reconciled to the payment of five or six dollars a month for comprehensive family coverage consisting of hospital and surgical and obstetrical services. At the present time they are paying $5.50 per month; the new contracts will cost $6.15. This represents a 20 per cent increase in the cost of their surgical-obstetrical contract and a 5 per cent increase in the cost of their hospital service contract. These changes are necessary in order to continue to pay for services rendered at the basis of the present fee schedule. The public may not like this increase, but we feel confident that they can be sold.

"From this point on your problem is one of simple insurance underwriting. You have a monthly premium which is fairly well fixed at this time by the public. Possibly the public should not fix this fee, but at this time they have raised their sights to the $6.00 level and beyond this amount they will either take the reduced benefits of commercial insurance or take a chance. Neither of these moves will help in solving your problem. Therefore, contracts had to be designed to insure maximum benefits so that they will compete and still produce a utilization of services which will insure the ability of the Medical Service Bureau to continue to pay the participating physician on the basis of your existing fee schedule.

"You have had a fortunate history. Your Medical Service Bureau has made payment to you based on one of the highest Blue Shield surgical fee schedules in the United States. Furthermore, you have never been asked to accept a reduced percentage of this fee schedule, which has been the history of participating physicians of many Blue Shield plans.

"This is your Plan—you can make it or break it as you will. It is in its infancy. Give it time and it can produce the high level of consumer-credit which you hope to achieve. Overburden and strangle its growth and you will place your future in the hands of the social planners. The public demand is clear—the medical profession must either provide, or accept, leadership!"

Following Mr. Abbott's talk, Mr. Lewis G. Hershey was introduced to the stockholders as the new Director of the Intermountain Hospital Service Plan (Blue Cross) for the state of Utah.

The meeting was then called to order by Dr. Sol G. Kahn, President, as a business meeting, with 129 members in attendance.

The minutes of the Annual Meeting of 1948 were approved as printed in the Rocky Mountain Medical Journal in the issue of February, 1949. The minutes of the special meeting of November 15, 1948, were read by the Secretary and were approved as read.

Dr. Kahn then made his report as President. Dr. Kahn's remarks were as follows:

"At the close of another eventful year in the life of your Medical Service Bureau, I again stand before you to report developments. To be quite frank with you, these developments have been a disappointment in many respects. At the time of our meeting last year in Cedar City it appeared that prospects for increased subscriber membership were excellent, that the inter-operational problems between our plan and the Blue Cross plan were worked out satisfactorily. As the year progressed we found we had been overly optimistic. Complications arose between the Intermountain Hospital Service Plan and the Medical Service Bureau. Resolution of these difficulties has consumed the better part of this entire year. I am happy to report that the two programs are now aligned for future operation in greater harmony than ever before. The acceptance of the resignation of the former Executive Director of the Intermountain Hospital Service Plan by the Board of Directors of that organization paved the way to settlement of such difficulties as existed. I do desire to state that fundamentally there have never been any serious differences between the two Boards of Directors.

"The Blue Cross obtained temporarily the services of Mr. H. Charles Abbott—whom you just heard—Assistant Director of Southern California Hospital Service, and with his guidance the outlook for this coming year has been built on a sound foundation. I anticipate with some assurance the fulfillment of the hopes we all entertained one year ago.

"Due primarily to the difficulties experienced as I have outlined, our subscriber membership has decreased during the past year; the financial position of our Bureau has been jeopardized. In addition, we found it necessary to request the Council of the State Medical Association to call a special session of the House of Delegates of the Association for the purpose of clarifying the wishes of the profession as to the continuance of this program. A segment of the profession were expressing dissatisfaction, a few challenged the action of the Board of Directors as properly interpretive of the wishes of the profession. At the special meeting unanimous support of the program was made manifest. The Board of Directors was given a mandate to strengthen and enlarge the program as rapidly as possible.

"We have done as much as we could to accomplish this purpose. We are now issuing three new contracts which will be explained to you later in this evening. These are the contracts these men have been speaking of. We have strengthened our enrollment procedures. We have established what we believe to be a proper procedure in determining fees to be paid for service under contract. We have had competent advice and counsel in these matters from persons experienced in these fields. What progress has been made, therefore, we believe to be solid. We can build upon these foundations. But there is one stone in the foundation, the keystone, over which only you can exercise control, that is the question of professional relations and service. This program can never become any stronger, it can never become any more acceptable to the people than you by your conduct make it. If you are convinced in your own mind of the virtue of the voluntary prepaid approach to the economic problem posed to the average person by the cost of a severe illness, if you have familiarized yourself with the program, its aims, its purposes, and the details of its operation, you can do much to make it succeed.

"Indifference, dissatisfaction toward your own program reflected in your attitude to the patient will assure the success of the Government's Compulsory Insurance Program. Thereafter, of

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course, those who wanted the right to be indifferent, to retard the progress of this program, and to achieve the collapse of the greatest medical profession known to mankind, may bask in the sunshine of their success, but to the rest of our civilized world their success will be cold darkness of disaster, for with the downfall of the medical profession we see the first drastic and clear-cut step to the end of the liberty and freedom of the most liberty loving people of all history—the Americans."

Dr. J. G. Olson, Vice President, then made his report, commenting upon the progress of the last three years by the Medical Service Bureau and urging the profession to support the Bureau; to be reasonable in the matter of fees; to undertake all possible action to assure the success of the program. Dr. Olson indicated that his term of office was ending at this meeting, both as Vice President and as a Director of the Medical Service Bureau. He pledged his future cooperation in all ways possible to assure the success of the Bureau's operation in the city of Ogden and Weber County.

Dr. John Z. Brown, Jr., called for a standing vote of thanks to Dr. Olson for his unselfish service on the Board of Directors of the Medical Service Bureau and his loyalty to the profession which he had so clearly indicated. Dr. Brown pointed out that Dr. Olson, being an internist and doing no surgery whatever, could receive no fees from the operation of the Medical Service Bureau, and yet he had been loyal and faithful in attendance at Board of Directors' meetings and had cooperated in every way to assure success of the Bureau. By unanimous decision there was a rising vote of thanks to Dr. Olson. Dr. Kahn also emphasized the cooperation which Dr. Olson had afforded the Board and which he had afforded to Dr. Kahn as President of the Board. The Secretary pointed out that even though for each meeting it required Dr. Olson to travel from Ogden to Salt Lake during the past three years, he had missed only three meetings.

The Treasurer's report was submitted in written form by William Leroy Smith, M.D., Treasurer, and Allen H. Tibbals, Secretary. Dr. Smith read the comment to the written report and the report was approved as submitted.

Dr. Ray T. Wolsey commented upon developments in the national field of Blue Cross and Blue Shield, particularly stressing the emphasis which is being placed upon the attempt to work out a reciprocal transfer arrangement between the various plans in the western states through the Western Conference of Medical Service Plans.

Dr. Kahn then called for the election of three new directors to replace the retiring three directors, Dr. J. G. Olson, Dr. T. E. Robinson, and Dr. Q. B. Coray, who had resigned and whose term was served by Dr. James P. Kerby. Dr. James P. Kerby, Salt Lake City, Dr. John Z. Brown, Jr., Salt Lake City, and Dr. Peter Rich Johnston, Ogden, were duly nominated and elected to three-year terms as members of the Board of Directors of the Medical Service Bureau.

The Secretary then was requested by Dr. Kahn to explain the proposed new fee schedule to be utilized by the Medical Service Bureau in paying for services rendered under the contracts issued by the Bureau in the future. It was pointed out by the Secretary that there had been many complaints about the 1946 fee schedule of the State Medical Association which had been utilized by the Bureau as its basis for payment for services rendered under the Surgical Service and Maternity Care Contract of the Medical Service Bureau. Inasmuch as there had been appointed a State Fee Schedule Committee by the House of Delegates of the State Medical Association to completely revise and republish a new fee schedule for the State Medical Association, the Board of Directors of the Medical Service Bureau determined to await the presentation of this new state fee schedule and attempt to establish the fee schedule of the Medical Service Bureau in accordance with the new State Medical Association Fee Schedule.

The Secretary explained that the new fee schedule of the State Association as proposed is a full average fee schedule for use in private practice; that no concessions were made in the schedule for any type of contract practice. He stated that in the opinion of the Board the Medical Service Bureau was entitled to a reduction in fee schedule over that proposed for general private practice, inasmuch as there were no credit losses and no collection costs and further that the schedule was for use as a full service schedule only with persons of incomes of less than $2,400 for a single person per annum and $3,600 for a family per annum. The Secretary stated that since the full fee schedule for the State Association as proposed could not be met by the Medical Service Bureau, an overall percentage reduction with certain specific exceptions be employed as the means of arriving at a fee schedule for the Medical Service Bureau and he proposed that since through actuarial studies it has been ascertained that it was impossible under the rate structure which would be acceptable to the people of this state to pay a greater maximum fee for doctor's services than $300, that this be established as the maximum fee; that the average percentage upon which the overall fee schedule would be established be 75 per cent of the state fee schedule; that in the fields of roentgenology and urology since no increase had been made over the 1946 fee schedule by these two specialities, that the fees established by the 1946 fee schedule be established for services in these two specialties; that in the field of obstetrics and gynecology the overall increase in the fee schedule and particularly in specific procedures in that fee schedule so raised the costs of service to the Medical Service Bureau in that branch that it would be impossible to meet a fee schedule of 75 per cent of the new proposed state fee schedule and therefore that the schedule for obstetrics and gynecology be approved at the 1946 level.

Since tonsillectomies and adenoidectomies, according to the actuarial statistics developed by the plan, rated third in the consumption of the claims dollar, the Secretary proposed that the fee schedule for tonsillectomies and adenoidectomies remain unchanged, standing at $35, rather than being established at 75 per cent of the $50 fee as indicated in the new state fee schedule.

The Secretary stated that these proposals had been made after study by the Board of Directors of the Medical Service Bureau and that at this meeting the stockholders had their opportunity to express themselves in regard to the fee schedule and advise the Board; that final determination had not yet been made by the Board. The Secretary requested Dr. Castleton, Chairman of the State Fee Schedule Committee, to express his opinion of the proposals. Dr. Castleton reviewed the development of the new state fee schedule. He specifically stated that this new state fee schedule was an average and that in his opinion if the schedule as a whole was too high for use by the Medical Service Bureau, it

should be prorated on a percentage basis. Dr. Castleton related the makeup of the committee which had set up the new state fee schedule and stated that he believed it could be supported as being a fair fee schedule, offering just compensation for the services included thereunder.

Following this general introduction of the subject matter, there was a prolonged discussion in which many of the stockholders present participated. Dr. W. Ray Rumel protested the establishment of a top fee of $300, as he felt that it adversely affected his specialty, thoracic surgery. It was proposed that instead of setting a top fee limit that there be a percentage taken of all fees which would enable the payment of the maximum fee as set by the fee schedule on a percentage. Discussion developed the fact that this would result in such a drastic reduction in some of the common procedures that it would not be economically possible for some doctors to work under the fee schedule.

Dr. L. B. White made a motion that the stockholders recommend to the Board that the fee schedule be accepted as proposed by Dr. Castleton and the State Fee Schedule Committee and the directors of the Medical Service Bureau be instructed to prorate the payment to the doctors for the services rendered under the contracts in accordance with the funds available each month. The motion was seconded by Dr. Paul Clayton. There was then a prolonged discussion of the motion and of the reason for the inability of the Medical Service Bureau to pay the proposed new state full average fee schedule. It was explained by Mr. W. T. Tibbals and by the Secretary that the reason was an economic one; that the people will only pay a certain amount of money for the type of protection afforded through the Blue Shield; that when that amount is exceeded they prefer to stand the risk of paying for such services themselves than to attempt to prepay the cost of such service through plans such as Blue Shield; that in order to meet the new state fee schedule it would be necessary to set the dues structure of the Medical Service Bureau under its contracts at such a high figure that it would not be possible to sell the contract to the people.

Dr. W. M. Nebeker proposed that the contract be changed to an indemnity type contract where each service might be allowed to charge an additional fee over and above the fee allowed by the Medical Service Bureau for the services. It was explained that this was contrary to the entire purpose of the Blue Shield program of the Medical Service Bureau.

A comparison was made at the request of Dr. J. P. Kerby and Dr. F. R. Conroy of the new proposed fee schedule of the Medical Service Bureau based on 75 per cent of the State Fee Schedule with the fee schedules in some of the surrounding states and some of the eastern states. This comparison was made by the Secretary and it was clearly shown that the fee schedule being paid in Utah was higher than the fee schedules used in any of the surrounding states, even being higher than the schedule offered in the state of California.

After further discussion Dr. E. M. Jeppson moved that Dr. White be allowed to withdraw his motion which was before the meeting. Dr. White thereupon requested withdrawal of his motion. The withdrawal of the motion was consented to by Dr. Clayton, who had seconded the original motion. Dr. Jeppson then moved that the fee schedule as suggested by the Board of Directors and presented by the Secretary be approved on a percentage basis of the new State Fee Schedule with the specific exceptions noted by the Secretary in making the presentation.

It was pointed out that the schedule had not been distributed to the membership for consideration and the suggestion was made that after distribution of the proposed schedule a ballot be taken by mail. Dr. Kahn pointed out that too much time would be consumed in such a procedure; that it was necessary to act upon the matter at once. The question was called for and upon a standing vote the motion was carried by a substantial majority.

The Secretary then made a brief explanation of the three new contracts being put out by the Medical Service Bureau.

There being no further business to come before the meeting, the same adjourned at 10:15 p.m.

Obituary

A. VAN ORMAN LINDSAY
1900-1950

Dr. A. Van Orman Lindsay, 169 Jefferson Street, Midvale, Utah, died suddenly of coronary occlusion in his home at noon January 1, 1950. He had conducted his busy practice as usual the previous day.

Dr. Lindsay was born May 3, 1900, in Bennington, Idaho. His early education was obtained in the public schools of Montpelier, Idaho. He received his A.B. degree from the University of Utah in 1923 and was graduated from St. Louis University School of Medicine with an M.D. degree in 1926. Following an internship in St. Mary's Infirmary, St. Louis, he returned to Utah to become associated with Dr. A. J. Hosmer at Midvale. This association grew into the medical group of Hosmer, Lindsay, Wright and Young, with its own clinic building.

In 1932 and 1933 Dr. Lindsay did postgraduate work in otolaryngology at the University of Illinois Research Hospital, and Cook County Hospital, Chicago.

Dr. Lindsay served in World War II as a Captain in the Medical Corps, Army of the United States. He was a member of Mount Moriah No. 2 A. F. & A. M., Salt Lake City, Utah Consistory A. & A. S. R., and El Kalah Temple, A.A.O.N.M.S. His college fraternities were Pi Kappa Alpha and Phi Chi. He was also a member of the Salt Lake Country Club.

He was a fellow of the American Medical Association and a member of the Intermountain Oto-Ophthalmological Society. As a member of the Medical Staff of St. Mark's Hospital, he was its president for the year 1947, and a member of the Hospital Board of Advisors at the time of his death. At the University of Utah he was assistant clinical professor of surgery in the department of otolaryngology.

Dr. Lindsay served a four-year term on the Midvale City Council from 1936-1939 and a two-year term from 1944-1945.

He married Margaret Gaufin, of Murray, Utah, on September 14, 1936. Besides his widow he is survived by two sons and a daughter.

AMERICAN GOITER ASSOCIATION

The annual meeting of the American Goiter Association this spring will be held in the Shamrock Hotel, Houston, Texas, March 9, 10 and 11. The whole three-day program will be devoted to papers, dry clinics and demonstrations relating to goiter and other diseases of the thyroid gland.

COLORADO
State Medical Society

NEW GRAND JUNCTION HOSPITAL TO BE FINISHED NEXT WINTER

Construction of the new St. Mary's Hospital at Grand Junction is proceeding rapidly and when completed next winter the hospital will be one of the beauty spots of that community. The cement portion of the building has all been poured, and much of the brick has been laid for the first basement, part of which is above the ground level.

The hospital will have six complete floors, four above ground, a basement and sub-basement. The basement will house a kitchen with the most modern and convenient equipment available, and a cafeteria. The sub-basement, which will be equal in floor space to the basement and ground floor, will be used for storage space. Plans provide for 120 beds with all modern facilities to add to the convenience and comfort of patients, employees, and staff. The completed hospital will have a recreation room and chapel, with living quarters for priests and nurses.

Construction of the boiler house is already completed, including a tunnel leading from the boiler house to the hospital proper. The outer walls will be constructed of light face brick backed with cinder block, the whole frame of the building being reinforced concrete. The completed cost is estimated at $1,690,000.

PUBLIC DEMONSTRATION OF RESUSCITATION PLANNED

The Medical Disaster Commission of the Colorado State Medical Society, in cooperation with the Graduate and Postgraduate Division of the University of Colorado School of Medicine, is sponsoring a medical program for the laity on the theme "Resuscitation," on February 16, 1950, at Denison Auditorium, University of Colorado Medical Center, 4200 East Ninth Avenue, Denver, Colorado. The general public is invited.

At 7 p.m. Dr. Foster Matchett, Chairman of the Disaster Commission, will introduce the program and will explain the need for knowledge of emergency resuscitation among the lay public.

Two films, entitled "Help Wanted" and "Before the Doctor Comes," will then be shown.

At 8 p.m. Dr. Philip A. Lief, Head of the Division of Anesthesiology, University of Colorado School of Medicine, will lecture on the topic, "Bring Them Back Alive—Resuscitation for the Layman." His talk will be followed by demonstrations on the technics of artificial respiration under the supervision of Harry W. Shade, Director of First Aid, Water Safety and Accident Prevention, Denver Chapter of the American National Red Cross.

The evening program will end with viewing of exhibits on modern apparatus for resuscitation and inhalation therapy.

On Feburary 17 and 18 a course on "Resuscitation and Inhalation Therapy" will be given at the University of Colorado Medical Center and will be open to physicians, nurses, firemen, policemen, ambulance drivers, and others interested in the problems of resuscitation and oxygen therapy.

ATTENTION, GENERAL PRACTITIONERS!

The Colorado Chapter of the American Academy of General Practice announces a special course in general medicine March 23, 24, and 25, in cooperation with the Postgraduate Education Department of the University of Colorado School of Medicine.

This course will be designed for the benefit of general practitioners entirely. It will be presented by selected regional teachers, and will stress a practical diagnostic and therapeutic approach to present-day medical problems. Among the subjects will be management of endocrine disorders, latest information of practical worth on the adrenal cortex, ACTH, thyroid disease, and diabetes. The challenge of heart disease will be fully discussed. Whenever possible, clinical material will be utilized.

Formal invitations to attend the course will soon be mailed, but this is an advance notice to interested G.P.'s to make these dates a "must." Attendance at the course will be limited, so all who intend to take part should return their completed applications as soon as they are received. Membership in the Academy is not necessary for attendance, but the Academy feels certain that all regional general practitioners will desire membership when they realize its growing worth.

RESIDENCY TRAINING REQUIREMENTS

The American Board of Obstetrics and Gynecology has not made nor is it contemplating any change in its residency training requirements, despite rumors of an increase in training years. Eligibility requirements remain the same, namely, three years of acceptable formal training, followed by at least two years of post-training practice in the specialty.

Hospitals are inspected and approved for training jointly by the Council on Medical Education and Hospitals of the American Medical Association and this Board. Approvals are granted for training periods of one, two and three years depending on the available facilities and the findings of the survey inspections.

This Board has no objection to residency services being arranged by hospitals for periods longer than three years, unless this dilutes the candidate's clinical training opportunities too much during the first three years. However, the Board does not accept a fourth year, or more, of residency training as a substitute for any part of the required two years of post-training practice.

The importance of post-training practice in the specialty is emphasized as an opportunity for maturing of the candidate and for colleague appraisal of a man's ability when working on his own responsibility in his chosen community. The only exception to this ruling is in the case of men advancing from their training into full-time teaching positions. These men then must complete at least two years in such positions.

Copies of the Buletin of this Board, outlining the above requirements in more detail, are available to hospital administrators or to candidates, upon application.

PAUL TITUS, M.D., Secretary,
1015 Highland Building, Pittsburg, Pennsylvania.

Component Societies

DELTA COUNTY

The annual election of officers of the Delta County Medical Society was held December 1, 1949, at which time Dr. W. S. Cleland, Delta, was re-elected President of the Society. Dr. A. H. Milne of Paonia was elected Vice President; and Dr. J. H. Humphries of Delta, Secretary-Treasurer. Drs. E. R. Phillips and R. A. Underwood of Delta were re-elected Delegate and Alternate to the State Society.

DENVER COUNTY

Dr. Edgar Durbin was chosen President-Elect of the Medical Society of the City and County of Denver at its annual meeting held on January 3 in the Denison Memorial Auditorium. Dr. W. Wiley Jones, elected one year ago, was installed as President. Other officers elected for one-year terms include: Dr. Douglas W. Macomber, Vice President, and Drs. Henry W. Stuver and James M. Perkins, both of whom were re-elected Treasurer and Secretary, respectively. Dr. Walter W. King was re-elected to the post of Library Director. Dr. Lumir R. Safarik was elected for a five-year term to the Board of Trustees, the other members of the Board being Dr. Rex L. Murphy, Chairman, Drs. Osgoode S. Philpott, George B. Kent, and W. Bernard Yegge. Dr. Byron I. Dumm was elected for a five-year term to the Board of Censors to serve with Dr. Harry W. LeFevre, Chairman, Drs. William R. Lipscomb, F. Craig Johnson, and Gunnar Jelstrup. Dr. William B. Condon was chosen to serve for a three-year as a member of the Grievance Committee. The hold-over members of the Grievance Commiittee are Drs. Horace G. Harvey, Chairman, and John M. Nelson.

JAMES M. PERKINS, Secretary.

EASTERN COLORADO

The Eastern Colorado Medical Society held its annual meeting in Burlington on Monday evening, December 5, 1949.

After a dinner for the members of the Society and their wives, Dr. Robert S. Liggett of the University of Colorado Medical School presented a paper on "The Management of Hemorrhage From the Upper Gastro-Intestinal Tract."

The election of officers for the year 1950 was held. Dr. J. O. Clanin of Limon was elected President; Dr. H. M. Hayes of Burlington, Vice President; and Dr. R. F. Courtney of Burlington, Secretary-Treasurer. Dr. R. F. Courtney and Dr. L. N. Myers of Cheyenne Wells were elected for two-year terms as Delegate and Alternate, respectively, to the State Society.

Dr. N. L. Currie of Burlington was appointed Publicity Chairman and Dr. H. M. Hayes was re-appointed to the Chairmanship of the CAP Committee.

JOHN C. STRAUB, Secretary.

EL PASO COUNTY

Seventy-two members of the El Paso County Medical Society were present at the annual dinner meeting of the Society, held at the El Paso Club December 14, 1949.

Drs. James Johnson, Raoul Urich, and Richard Vanderhoof was elected to membership; and Drs. Kathryn Kirby and Mary Rehm read their applications for membership for the first time.

After presentation of annual reports for the year 1949, officers for 1950 were elected. Drs. W. C. Service and K. E. Gloss were installed as President and Vice President, respectively. Drs. L. L. Williams and J. W. McMullen continue to serve as Secretary and Treasurer, respectively, holding over under previous elections for three-year terms. Drs. C. S. Gydesen and J. L. McDonald were elected as Delegates to the Colorado State Medical Society for two-year terms, and Drs. L. F. Billingsley and Louis J. Kennedy were named as their Alternates. The holdover members of the House of Delegates from the El Paso County Medical Society are Drs. J. W. Bradley, W. C. Herold, and D. H. Winternitz while the holdover alternates are Drs. W. A. Campbell, A. .M Mullett, and V. L. Bolton. Dr. Bolton was re-appointed to the Chairmanship of the Publicity Committee, and Dr. P. A. Draper was appointed CAP Chairman.

L. L. WILLIAMS, Secretary.

GARFIELD COUNTY

On November 1, 1949, the Garfield County Medical Society held its annual election of officers for the coming year. At this time Dr. Robert Barnard, Eagle, was elected to the Presidency; Dr. Allen M. Cochran, Aspen, the Vice Presidency; and Dr. Robert Lewis, Aspen, to the Secretary-Treasurership. Drs. Cochrane and Barnard are the holdover member and alternate, respectively, to the House of Delegates of the Colorado State Medical Society.

ROBERT BARNARD, Secretary.

LAKE COUNTY

The annual meeting of the Lake County Medical Society was held on January 12, 1950, at which time the following officers were elected for the current year: Dr. James Ruddy, Climax, President; Dr. Franklin J. McDonald, Leadville, Vice President; Dr. John M. Kehoe, Leadville, Secretary-Treasurer. Drs. McDonald and Kehoe were elected for two-year terms as Delegate and Alternate, respectively, to the State Society. Dr. Vincent E. Kelly of Leadville was re-appointed to the Chairmanship of both the Publicity and CAP Committees.

VINCENT E. KELLY, Secretary.

MESA COUNTY

On December 6, 1949, the Mesa County Medical Society at its annual meeting elected the following officers for one-year terms: Dr. J. J. Parker, President; Dr. G. H. Crook, Vice President; and Dr. R. J. Groom, Secretary and Treasurer. Drs. Groom and H. M. Tupper were re-elected for two-year terms to represent the Mesa County Society in the House of Delegates of the State Society as Delegate and Alternate, respectively.

MARGARET E. N. BEAVER, Secretary.

MONTROSE COUNTY

At the annual meeting of the Montrose County Medical Society, the following officers were elected for 1950: Dr. Norman Brethouwer, President; Dr. Thomas O. Plummer, Vice President; and Dr. George G. Balderston, Secretary-Treasurer.

THOMAS O. PLUMMER, Secretary.

OTERO COUNTY

Dr. C. C. Weber, La Junta, was chosen President of the Otero County Medical Society for the current year at its annual meeting held in August, 1949. Other officers elected at that time for one-year terms were Drs. L. R. Sanford, Las Animas, Vice President, and G. H. Vandiver, La Junta, Secretary-Treasurer. Drs. J. Alan Shand, La Junta, and R. T. Shima, Rocky Ford, were elected for two-year terms to represent the Otero County Society in the House of Delegates of the State Society as Delegate and Alternate, respectively; Drs. R. L. Davis, La Junta, and C. H. Lapan, Las Animas, serving as Delegate and Alternate, respectively, until January, 1951.

Dr. R. L. Davis was re-appointed Chairman of both the Publicity and CAP Committees for the current year.

SAN LUIS VALLEY MEDICAL SOCIETY

Dr. Herman Roth, Monte Vista, was installed as President of the San Luis Valley Medical Society at its annual meeting held on December 19. Others elected to serve for the current year were Drs. Walter Keyting, Saguache, President-Elect, and Ira Howell, Alamosa, Vice President. Dr. A. P. Ley, Monte Vista, was re-elected Secretary-Treasurer. Drs. Roth and Sidney Anderson, Del Norte, were chosen Delegate and Alternate, respectively, to the State Society.

Dr. V. V. Anderson, Del Norte, was appointed to the Chairmanship of the Publicity Committee and Dr. C. A. Cassidy, Monte Vista, to the Chairmanship of the CAP Committee.

NEW COLORADO LICENTIATES

The following physicians were granted licenses to practice medicine in this state at the January 5, 1950, meeting of the Colorado State Board of Medical Examiners:

William Stuart Abbey, M.D., Colorado State Hospital, Pueblo, Colo.

James Myler Beazell, M.D., 1607 Ridgeway, Colorado Springs, Colo.

Clyde Dale Blake, Jr., M.D., 209 S. Nevada Ave., Colorado Springs, Colo.

Elliott Rae Chappel, M.D., Minden, Neb.

Edward Bernard Craven, Jr., M.D., 1324 S. 48th St., Richmond, Calif.

James P. Dixon, Jr., M.D., Denver General Hospital, Denver, Colo.

Daniel Elliot Gelfand, M.D., 60 So. Colorado Blvd., Denver, Colo.

Frank Marshall James, M.D., Odessa, Tex.

John William Kennedy, M.D., 15 E. Monroe St., Phoenix, Ariz.

William Samuel Klein, M.D., J.C.R.S., Spivak, Colo.

Harry S. Kupersmith, M.D., 30 N. Michigan Ave., Chicago, Ill.

Gilbert Marrero, M.D., 600 W. Northern Ave., Pueblo, Colo.

John Wesley Osborne, M.D., Hendersonville, Tenn.

Lawrence Clifford Perry, M.D., West Cliffe, Colo.

Stuart A. Patterson, M.D., Larimer Co. Hospital, Fort Collins, Colo.

Emanuel Salzman, M.D., 1210 Harrison St., Denver, Colo.

Henry Hall Triplett, M.D., 2414 N. Royer St., Colorado, Springs, Colo .

Paul A. F. Walter III, M.D., 6625 Green St., Denver, Colo.

Robert Moore Waters, M.D., 2049 Broadway, Boulder, Colo.

Obituary

JAMES H. McKNIGHT

Dr. James H. McKnight of Sterling, Colorado, died December 26, 1949. He was fatally wounded by the accidental discharge of his shotgun while on a hunting trip.

Dr. McKnight was born October 31, 1894, at Paxville, South Carolina. In 1917 he graduated from the Medical College of Virginia, in Richmond. During World War I he served as Captain in the Army Medical Corps at Fort Riley, Kansas. Afterward he moved to Haxtun, Colorado, where he was engaged in private practice until 1936. Since that time he has practiced medicine in Sterling, Colorado.

Dr. McKnight was a member of the Colorado State Medical Society and the American Medical Association.

Auxiliary

MEET YOUR PREXY!

We've been trying since she was installed last fall to get this picture of Mrs. Theodore E. Heinz, Greeley, so all our readers could have a good look at the energetic 1949-50 President of the Auxiliary. At last we succeeded. Now you'll know her when she calls in person at your local meeting.

Announcement of Auxiliary Meetings During the Midwinter Clinics, February 21-24, in Denver

The annual Midyear Auxiliary State Board meeting will be held this year on Wednesday, February 22, at the home of our State President, Mrs. Theodore E. Heinz, in Greeley. It is hoped that all elected and appointed board members as well as all county presidents will be able to attend. We will endeavor to outline an effective Auxiliary program so as to better cooperate with and help achieve the specific objectives of our parent organization, The Colorado State Medical Society.

No meetings or functions are planned for Wednesday evening. This will give everyone an opportunity to enjoy some of Denver's attractions.

On Thursday, February 23, there will be an Auxiliary luncheon for all doctors' wives in Denver for the meetings. Luncheon is scheduled for 12:30 p. m. in the Mayfair Room of the Brown Palace Hotel. We will have a school of instruction. Our special guests will be our President-elect, Dr. Ervin A. Hinds, and the members of our Advisory Committee, Dr. Samuel P. Newman and Dr. McKinnie L. Phelps. Our guest speaker will be Dr. John W. Cline of San Francisco. We urge you to plan to attend. Mrs. Sam E. Widney of Greeley is chairman of luncheon arrangements.

The Auxiliary is again sponsoring the annual formal dinner-dance, on Thursday evening, February 23. Dinner is scheduled for 7 p.m. in the Lincoln Room of the Shirley-Savoy Hotel. Plan

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Ogden
Phone 2-1820

FRANK C. WHITE
Box 908
Ogden
Phone 4-0717

to attend with your husbands. You will enjoy excellent food, good music and the fellowship of old and new friends. Mrs. Bradford Murphey and Mrs. Kenneth C. Sawyer of Denver are co-chairmen heading the Committee on Arrangements.

We shall look forward to meeting with you in Denver.

MRS. RUSSELL JOHN EVANS,

Press and Publicity Chairman,
Woman's Auxiliary to the
Colorado State Medical
Society.

PRESIDENT'S MESSAGE

Another year! By this time we have had opportunities to get our year's work well underway. I trust you have given much time and thought in planning your programs and projects. Energetic participation in all community activities, especially those related to health and the well-being of the individual, are paramount. As we work with organizations and make individual contacts other than our County Auxiliary, we often can reach our goal in a subtle way. Everyone is talking Public Relations in every school, profession, social agency, church, and neighborhood. Let us do more than that. LET US LIVE PUBLIC RELATIONS!

We can continue our study of the National Health problems. Do you know the A.M.A. program? We must know the facts. Action without study is dangerous but study without action is futile. At every opportunity gain the assurance of those about you. Tell them that the medical profession is directing all its efforts to extend the best medical services to all individuals.

In November we made reference to the Resolution of Endorsement of the voluntary health insurance plan as proposed by the A.M.A. and our Colorado State Medical Society. It was most gratifying to have response from our Senators. We need and appreciate their support in this vital national legislation. It is important that we continue our contacts with our representatives. Write them your appreciation and solicit their continued support of Voluntary Health Insurance. Do it now!

Sixth Annual State Presidents' Conference

Your President attended the Sixth Annual State Presidents Congress in Chicago, November 2 and 3. Meetings were held in the Hotel LaSalle and 42 states were represented. All members of the National Board were present. Mrs. David B. Allman, our National President, and Mrs. Arthur A. Herold, National President-Elect, proved themselves as most capable leaders. The conference agenda was a real workshop. There was an opportunity to exchange ideas with other states. We acquired new information from outstanding and enthusiastic speakers from members of the official family of the A.M.A. Some of the speakers were leading educators. All stressed the value and the importance of Auxiliary work.

The following points were brought out by the speakers and those in attendance:

1. The need for all state and county Auxiliaries to accept the challenge of serving as liaison between the medical profession and the public.

2. Better liaison between the medical societies and the Auxiliaries.

3. Developing the personal education plan so as to better inform the public.

4. Need for Auxiliary members to work with all other women's groups in their community. Much is to be gained from understanding lay friends and friendly organizations.

5. That the A.M.A., State Medical Societies and Auxiliaries have made great progress in their Voluntary Health Insurance campaign. However, now as never before, we must put every effort into the National Education campaign.

The projects suggested as most important at this time were:

1. Nurse recruitment.

2. Nurse education scholarship and loan funds.

3. School health services.

4. Local health councils.

5. Health education by use of available health films.

6. Well planned publicity, using press and radio.

Salute to Boulder County

Boulder County under the leadership of Mrs. J. S. Haley has done an outstanding job in securing Hygeia subscriptions. The last report showed a total of 77 subscriptions.

Today's Health

We are pleased that our magazine, Hygeia, is to be re-christened. With the March 1950 publication, our official health magazine will be known as Today's Health. We feel the new title is in keeping with today's medical progress.

Colorado State Health Council

The organization of a Colorado State Health Council has been underway these past months. The Colorado State Medical Society has had an important part in drawing up the charter. On January 26 the charter was formally signed and adopted. Your Auxiliary is participating. We were allowed two delegates, who became members of the Board of Directors along with representatives of 22 other organization charter members. You are represented by your President and President-elect. Better state and community health should come as a result of this fine organization.

Colorado White House Conference for Children

At the invitation of Governor Knous, representatives from over the state were asked to attend a "Citizens' Council" of the Colorado White House Conference for Children in October. Your President and several Auxiliary members were included. Dr. Bradford Murphey heads your State White House Conference Committee. He has and continues to make an outstanding contribution to Colorado children. White House Conference Committees are now organized on the county level. There is much work to be done. Many doctors' wives are helping with this work. It is another opportunity for Auxiliary members to assure others of our interest in community projects.

MRS. THEODORE E. HEINZ,

President, Woman's Auxiliary
to the Colorado Medical
Society.

COLORADO
Medical School Notes

A postgraduate course in Obstetrics and Gynecology will be held at the University of Colorado Medical Center on April 28-29, 1950. This course is sponsored by the Department of Obstetrics and Gynecology of the University of Colorado School of Medicine. This is open to all physicians, general practitioners and specialists who are graduates of approved medical schools and are members of their constituent medical societies.

The guest lecturers will be Leroy A. Calkins, M.D., Professor of Obstetrics and Gynecology, University of Kansas School of Medicine, and Ralph A. Reis, M.D., Associate Professor of Obstetrics and Gynecology, Northwestern University Medical School.

For further inquiries write to the Director of Graduate and Postgraduate Medical Education, University of Colorado Medical Center, 4200 East Ninth Avenue, Denver 7, Colorado.

COLORADO
State Health Department

THE RABIES PROBLEM

The increasing seriousness of the rabies problem in Colorado has resulted in the adoption by the State Department of Public Health of recommended procedures for the treatment of suspected and confirmed cases. Rabies was made reportable to the department of public health only in the past year and is probably incomplete. Twenty-one positive cases were reported in 1949, fifteen in the last three months of the year. The majority of cases occurred in Denver, Adams, Arapahoe, and Jefferson counties.

A. Human Aspects of the Disease.

1. Treatment of the bite:

a. Use fuming nitric acid deep into and penetrating the wounds, or

b. Tincture of green soap and water solution liberally washed into and about the wound.

c. Skin abrasions are a portal of entry for the virus.

2. Specific Anti-Rabies treatment if rabies is present in the community:

a. Bites about the face: Begin anti-rabies treatment immediately pending diagnosis of the disease in the suspected animal. Always consider discontinuing this treatment if the animal remains well or pathologic examination is entirely negative.

b. Bites on the body: Treat bite locally. Await vaccine treatment pending outcome of the disease in the animal under observation.

c. Bites from an unknown animal (stray): Individual appraisal of circumstances, realizing that anti-rabies treatment is not without complications.

3. Report any animal bites to your local health department:

a. Consultation from your local or state health department is available.

B. Animal Aspects of the Disease.

1. Observation of the animal

a. An animal which has bitten any person shall be held for observation for 14 days.

b. All animals bitten by known rabid animals shall be destroyed or held under observation for a period of six months.

c. Animals dying suspected of having rabies: The head is to be removed, iced, and transported to the State Department of Public Health Laboratory, 430 State Office Building, Denver, Colorado. Animals suspected of having rabies should not be destroyed before termination of the disease.

2. Consultation is available from your local or state health department.

a. Report clinical rabies in any animal to your local health department as soon as suspected.

3. Prevention.

a. Vaaccinate all dogs in a known infected area.

The Book Corner

New Books Received

Physiology of Heat Regulation and The Science of Clothing: Prepared at the request of the Division of Medical Sciences, National Research Council. Edited by L. H. Newburgh, M.D., Professor of Clinical Investigation, The Medical School, University of Michigan. Illustrated. W. B. Saunders Company, Philadelphia, London, 1949.

The Physiology of Thought, a Functionnl Study of the Human Mind in Action: By Harold Bailey, M.D., F.A.C.S. The William-Frederick Press, New York, 1949. Price, $3.75.

Principles and Practice of Therapeutic Exercises: By Hans Kraus, M.D., Assistant Clinical Professor of Rehabilitation and Physical Medicine, New York University College of Medicine, Physician-in-Charge of Therapeutic Exercise, Institute of Rehabilitation and Physical Medicine, New York University—Bellevue Medical Center; formerly Chief of Clinic, Physical Therapy, Vanderbilt Clinic, Columbia Presbyterian Hospital, New York City. Illustrations by Richard Kroth. Charles C. Thomas, Publisher, Springfield, Illinois. Price, $6.50.

Essentials of Obstetrical and Gynecological Pathology: By Robert L. Faulkner, M.D., F.A.C.S., Assistant Professor of Gnyecology, The Western Reserve Medical School; Associate Gynecologist, University Hospitals of Cleveland, Ohio, and Marion Douglass, M.D., Formerly Assistant Professor of Gynecology, The Western Reserve Medical School. With 300 Illustrations including three color plates. Second Edition. The C. V. Mosby Company, St. Louis, 1949. Price, $8.75.

From the Hills, An Autobiography of a Pediatrician: By John Zahorsky, M.D. The C. V. Mosby Company, 1949. Price, $4,00.

Human Growth, The Story of How Life Begins and Goes On, Based on the Educational Film of the Same Title: By Lester F. Beck, Ph.D., Associate Professor of Psychology, University of Oregon, with the assistance of Margie Robinson, M.A. Harcourt, Brace and Company, New York. Price, $2.00.

Handbook of Medical Management: By Milton Chatton, A.B., M.D., Instructor in Medicine, University of California Medical School, San Francisco; Sheldon Margen, A.B., M.D., Clinical Instructor in Medicine and Research Associate in

Medicine, University of California Medical School, San Francisco; Henry D. Brainerd, A.B., M.D., Assistant Clinical Professor of Medicine and Pediatrics, University of California Medical School, San Francisco; Assistant Clinical Professor of Pediatrics, Stanford University School of Medicine; Physician in Charge, Isolation Division, San Francisco Hospital. First edition. University Medical Publishers, Post Office Box 761, Palo Alto, California. Price, $3.00.

Intestinal Intubation: By Meyer O. Cantor, M.S., M.D., F.A.C.S., Assistant Attending Surgeon, Grace Hospital; formerly, Senior Attending Physician, Deaconess Hospital, Detroit, Michigan. Charles C. Thomas, Publisher, Springfield, Illinois. Price, $7.50.

The Doctor Wears Three Faces: By Mary Bard. Three faces wears the doctor: when first sought an angel's; and a god's the cure half wrought; but when, the cure complete he seeks his fee, the devil looks less terrible than he.—Anonymous. J. P. Lippincott Company, Philadelphia and New York. Price, $3.00.

Allergy in Relation to Otolaryngology: By French K. Hansel, M.D., M.S., F.A.C.A. Editor-in-Chief, Annals of Allergy; Director of The Hansel Foundation; Associate Professor of Otolaryngology, Washington University of Medicine. Panel Discussion, Harold A. Abramson, M.D., Kenneth L. Craft, M.D., Jerome Glaser, M.D., Irving B. Goldman, M.D., M. Martyn Kafka, M.D., Granville F. Knight M.D., Hugh A. Kuhn, M.D., John H. Mitchell, M.D., Walter E. Owen, M.D. An official publication of the American College of Allergists. Bruce Publishing Company, Saint Paul and Minneapolis, 1949. Price, $2.50.

Textbook of Physiology: By William D. Zoethout, Ph.D., Professor Emeritus of Physiology in the Chicago College of Dental Surgery (Loyola University); and W. W. Tuttle, Ph.D., Professor of Physiology, College of Medicine, State University of Iowa. Tenth Edition. With 301 Text Illustrations and six Color Plates. The C. V. Mosby Company, St. Louis, 1949. Price, $4.75.

Helpful Hints to the Diabetic: By William S. Collens, B.S., M.D., Chief of the Diabetic Clinic, Chief of the Clinic for Peripheral Vascular Diseases, Associate Attending Physician, Maimonides Hospital; Attending Physician, Metabolic Diseases, Jewish Sanitarium and Hospital for Chronic Diseases, Brooklyn, New York; Consultant in Metabolic Diseases, Rockaway Beach Hospital, New York City, and Louis C. Boas, A.M., M.D., Chief of the Diabetic Clinic, Associate Visiting Physician, Greenpoint Hospital; Associate Physician, Metabolic Diseases, Jewish Sanitarium and Hospital for Chronic Diseases; Adjunct in Medicine, Beth El Hospital; Assistant Physician, Maimonides Hospital, Brooklyn, New York. Charles C. Thomas, Publisher, Springfield, Illinois, U.S.A. Price, $3.00.

Clinical Pathology; Application and Interpretation: By Benjamin B. Wells, M.D., Ph.D., Professor of Medicine, University of Arkansas School of Medicine, Little Rock, Arkansas. Illustrated. W. B. Saunders Company, Philadelphia and London, 1950. Price, $6.00.

Electrocardiography, Fundamentals and Clinical Application: By Louis Wolff, M.D., Visiting Physician, Consultant in Cardiology and Chief of the Electrocardiographic Laboratory, Beth Israel Hospital; Associate in Medicine, Harvard Medical School. Illustrated. Philadelphia and London. W. B. Saunders Company, 1950. Price, $4.50.

Questions, Medical State Board, and Answers: By Max Goepp, M.D., formerly Professor of Clinical Medicine, Graduate School of the University of Pennsylvania, and Professor of Medicine, Woman's Medical College of Pennsylvania; and Harrison F. Flippin, M.D., Associate Professor of Medicine at the Graduate School of the University of Pennsylvania. Eighth Edition. Philadelphia and London. W. B. Saunders Company, 1950. Price, $7.00.

Book Reviews

Care of the Surgical Patient; Including Pathologic Physiology and Principles of Diagnosis and Treatment: By Jacob Fine, M.D., Surgeon-in-Chief, Beth Israel Hospital; Professor of Surgery at Beth Israel Hospital, Harvard Medical School. W. B. Saunders Company, Philadelphia and London, 1949.

This book holds a unique place among works on surgery. It is not a textbook of surgery nor is it strictly a book on pre- and postoperative care. It essays to do more than this, including in its contents such diversified topics as symptoms and signs in diagnosis, surgical physiology, management of diseases in the various surgical fields, as well as a section in general pre- and postoperative care. The subject matter is presented in an informal style and presents the considered opinion of the staff of a teaching hospital. No authorities are quoted and no controversial opinions are expressed. There is no bibliography. Its variety of factual data is intended for the busy physician on the run.

One weakness of the book is that with such a wide range of material some of the subjects are handled in a superficial manner. For example, the opening chapter is enttiled, "Useful Hints in Surgical Diagnosis." While many symptoms and signs are included, the subject cannot be thoroughly dealt with in fourteen pages. The chapter on water balance and nutrition also gives the impression of being overly condensed.

On the other hand, a tremendous amount of

worthwhile material has been gotten into this volume of 543 pages. What has impressed this reviewer mostly is the concise and yet complete way that the matters of diagnosis and details of treatment are presented. In treating the subject of carinoma of the colon, for example, the author goes into the immediate postoperative management of the colostomy and then gives detailed instructions to the patient in the care of the colostomy including diet, enema, etc., with a forewarning of the difficulties that may be encountered. Worthy of mention is a chapter on pediatric surgery in which the common anomalies are described and the management discussed. Diagnostic methods and laboratory technic are given a prominent place in this book, and in the closing chapter pre-operative preparation and general postoperative care with the management of complications are set forth.

If one word could be used to characterize this book, it would be the word practical. Here is a handy reference book that has the answer to all sorts of problems in a few words. And the suggestions for treatment, dosage, etc., are complete.

The surgical specialist may look at his section as over-simplified in this book, yet the general practitioner and internist will welcome the book as an excellent way to keep up with the progress of their surgical case.

LEON H. SHERMAN.

A Descriptive Atlas of Radiographs: An Aid to Modern Clinical Methods: By A. P. Bertwistle, M.B., Ch.B., F.R.C.S. Ed. Seventh Edition, revised and enlarged with 980 Illustrations. The C. V. Mosby Company, St. Louis, 1949.

"An attempt to portray as many of the normal and abnormal conditions that are met with in practice. It is written by a clinician for clinicians."*

The volume is an inadequate attempt to teach diagnostic radiology through use of numerous poor-quality, poor-detail radiographic illustrations of various and sundry normal and pathological conditions without recourse to the basic physiological reasoning explaining the whyfor of abnormal roentgen changes depicted.

There is prevalent throughout a medical terminology and idealogy which are definitely antiquated and not to be found in present American medical literature. A few examples follow:

1. Page 192. An illustration showing a typical calcareous peritendonitis of the medical collateral ligament of the knee joint (so-called Pellegrini Stieda's disease) identified as "Paget's Quiet Necrosis" with the accompanying explanation: "This shows a small sequestrum formed as the result of the inflammatory mischief."

2. Page 202. "Rheumatic Fever" of the knee joint showing a completely disorganized misshapen knee-joint far afield from the present day concept of the allergic type of arthritis commonly seen with rheumatic fever.

3. Page 400. "Adhesions of gallbladder"—The illustration shows a typical folded fundus: The so-called Phyrgian cap developmental variation described by Boyden.

4. Page 400. "Ptosed gallbladder"—illustrating a normally located gallbladder for the hyposthenic patient.

The section on gastrointestinal radiology is entirely inadequate. There is considerable space allotted to radiographs of chronic appendicitis—a concept not accepted by the more modern radiologists. The inflammatory diseases of the colon are all lumped under the non-specific heading, "Colitis."

The section on neuroradiology is particularly poor and misleading—one radiograph (page 544) identified as "Chromophobe Pituitary Adenoma" shows typical acromegalic features.

The clinical value of this work is best judged by noting the clinical history under the radiograph designated "pericardial effusion" (page 566): "This boy, aged 10, had for some weeks been suffering from rheumatic fever. His heart was examned daily; then, one day, it appeared to have gone to pieces. He lingered for some weeks, in great pain and misery, and then died."

In summary—it is the undersigned's opinion that the book is not worthy of perusal by either the radiologist or the general practioner. It is of no value to the former and will prove misleading and confusing to the latter.

THOMAS J. KENNEDY.

*From Introduction.

Medical Etymology—The History and Derivation of Medical Terms for Students of Medicine, Dentistry, and Nursing: By O. H. Perry Pepper, M.D., Professor of Medicine, University of Pennsylvania. W. B. Saunders Company, Philadelphia, London, 1949. Price, $5.50.

This little volume has been dedicated by the author to assist students of Medicine, Dentistry and Nursing, when they first face the new terminology of the medical field. The author has written many articles which have appeared in various journals, and his use and command of the English language has made them very readable, as well as instructive. His interest in the derivation of words, and particularly those used in the medical and allied fields of the past, and the increasing appearance of new terms can be most confusing without some knowledge of the probable derivation of the term in question.

This book is not a dictionary, in the usual sense, but rather it is a unique volume and a record of a hobby which Dr. Pepper has developed over the many years of writing. It is a little book which contains much interesting knowledge, and could be of special value to students and graduates during their early years of writing, for publication or lecture.

E. R. MUGRAGE.

An Atlas of Amputations: By Donald B. Slocum, M.D., M.S., Orthopaedic Surgeon, Sacred Heart General Hospital, Eugene, Oregon; Member of American Academy of Orthopaedic Surgeons; Member of the American Society for Surgery of the Hand; Branch Consultant in Orthopaedic Surgery, U. S. Veterans Administration; formerly Chief of the Amputation Section, Walter Reed Hospital, Washington, D. C. With 564 Illustrations. The C. V. Mosby Company, St. Louis, 1949. Price, $20.00.

The price of this book is $20.00, but I am unable to find anything else seriously wrong. In so far as I know, this is the only text which undertakes to set forth comprehensively the technics of the very closely allied subjects of amputation and the fitting of prostheses.

The volume is well, and in some instances even superfluously, illustrated. The section on nerve block should be enlarged and should be more detailed if it is to serve as a useful guide. The section on mechanics of gait is longer and more detailed than is necessary to satisfy the usual curiosity of the surgeon.

Recommendations as set forth regarding amputation through the forefoot and wrist are at

variance with those of many authorities in this field. Some of the recommendations concerning the technic of above knee amputation for suction socket and methods of fitting of the suction socket might well be questioned by others familiar with this prosthesis. In several instances the author is remiss in not giving proper credit, except in the bibliography, where authorities in other publications are quoted almost word for word. There are occasional evidences of careless editing. For example, in the description of amputation at the middle third of the leg, measurement of the bone of the stump is given in inches and that of the skin is centimeters.

All these defects are of minor nature and on the whole the book is well written by one who, with his military service, has had an unusually wide experience in this special field. The text fills a very definite need and should be part of the medical library of every hospital in which definitive amputations are done.

FRED H. HARTSHORN.

Nutrition and Diet in Health and Disease: By James S. McLester, M.D., Professor of Medicine, University of Alabama, Birmingham. Fifth Edition. W. B. Saunders Company, Philadelphia and London, 1949.

We physicians as a group possess a knowledge about food and its contents that serves us well enough for most purposes but, nonetheless, it is a little hazy. Dr. McLester's book removes this element of haziness and presents what one should know about nutrition in a clear and moderate fashion. Full coverage is accorded the more recent events, such as the newer knowledge about salt limitation, vitamins, and protein. Folic acid, B-12, and the importance of vitamin balance take their places beside the older knowledge of vitamin function, deficiency diseases, and therapy. The valuable contribution of animal experimentation to nutrition is acknowledged, but too literal transposition of animal work to humans is cautioned against. For example, some advocate very low protein diets in human nephritis because of the favorable influence on animal nephritis of low as opposed to high protein diets. Dr. McLester reminds us that neither the diet nor the nephritis is quite comparable to that of humans.

He enters many a touchy field with the perspective of long years. Discussing the diet of hypertensive disease, he calmly notes that, "The best diet . . . is the one that, while throwing the least burden on his metabolism, will preserve his strength and vigor."

Perhaps the only defect of the book is that it does not tell how the physician can plan a diet, i.e., how to bridge the gap between grams of carbohydrates, protein and fat to the food served at breakfast, lunch and dinner. However, the menus for almost all diseases are so extensive and explicit that this fault is inconsequential except perhaps in the case of diabetes mellitus.

ROBERT F. BERRIS.

Text-Book of Ophthalmology: By Sir W. Stewart Duke-Elder, K.C.V.O., M.A., D.Sc. (St. And.), Ph.D. Lond.), M.D., Ch.B., F.R.C.S., Hon. D.Sc. (Northwestern). Surgeon Oculist to H.M. the King; Knight of Grace, Order of St. John; Consulting Ophthalmic Surgeon to the British Army and the Royal Air Force; Director of Research, Institute of Ophthalmology, University of London; Fellow, University College, London; Consulting Surgeon, Moorfields Wesminster and Central Eye Hospital; Ophthalmic Surgeon, St. George's Hospital, London. Vol. IV. The Neurology of Vision Motor and Optical Anomalies, with 1081 Illustrations, including 71 in Color. The C. V. Mosby Company. St. Louis, 1949. Price, $20.00.

All those familiar with the first three volumes of Duke-Elder's Text-Book of Ophthalmology will welcome this latest addition to his encyclopedic work.

His rare gift for organization and lucid presentation is evident throughout. The section on Neurology of Vision combines skillfully the findings of neurologist, ophthalmologist, and pathologist in the diagnosis and localization of lesions affecting the optic mechanism. The illustrations are well chosen to present concisely the pathology and site of the various lesions, and correlate them with the clinical findings. Particularly welcome is the up-to-date treatment of the pupillary pathways, including the information obtained by pupillography.

Every ophthalmologist will profit by the author's analysis of the literature on Motor Anomalies. He has extracted the best of Chavasse, Bielschowsky, and Duane—to mention a few. Orthoptics is relegated to its proper place in the over-all picture. The method of illustrating the findings in the individual paralysis of the extra-ocular muscles is a model of compactness in correlating the different tests: photographs in cardinal positions of gaze, fixation fields, diplopia fields, Lancaster Red-Green test, and the Hess chart. An excellent segregation of the factual and theoretical is made.

The chapters on Optical Anomalies are well done and useful for purposes of reference; the numerous methods and instruments developed for refraction are included.

The entire volume is eminently worthwhile both for study and reference, and is highly recommended.

ARTHUR G. STARR.

Atlas of Obstetric Technic: By Paul Titus, M.D., Obstetrician-Gynecologist to the St. Margaret Memorial Hospital, Pittsburgh; Secretary, American Board of Obstetrics and Gynecology. Illustrations by E. M. Shackelford, formerly Medical Illustrator, John C. Oliver Memorial Research Foundation, St. Margaret Memorial Hospital, Pittsburgh. The C. V. Mosby Company, St. Louis, 1949. Second Edition. Price, $7.50.

The new edition of this different type text maintains the same general appearance as the first edition. As the title suggests, it consists chiefly of illustrations with a minimum of subject matter. Thus it serves to teach by visual means. The clear and distinct illustrations are by Miss E. M. Shackelford.

Chapter subjects have been arranged in a better sequence. Two new sections have been added: "Pregnancy and Antepartum Care," and "Analgesia and Anaesthhesia." The chapters on "Pelvimetry" and "Forceps" show considerable revision. The terms Upper Pelvic, Midpelvic, and Low Pelvic have been substituted for High, Medium and Low forcep application, thus following the modern trend. Illustrations of the Barton forcep and explanations of its use have been omitted in this edition. Under Caesarian Section figure 8 showing the use of the continuous suture has been added. The more general use of lighter suture material has been adopted in the reading matter throughout the book. Blank pages for making personal notes or sketches are again included at the end of each chapter.

The atlas remains the excellent and unusual step-by-step pictorial text of obstetric technic. It is highly recommended as a reference and refresher text.

H. J. von DETTEN.

Syphilis: Its Course and Management: By Evan W. Thomas, M.D., Professor of Clinical Medicine, New York University College of Medicine; Director, Rapid Treatment Center, and Visiting Physician, Bellevue Hospital, New York; Consultant, United States Public Health Service. Foreword by John F. Mahoney, M.D., Director of Venereal Disease Research Laboratory, United States Public Health Service. Chapter on "Public Health Aspects of Syphilis" by Theodore J. Bauer, M.D., Chief, Venereal Disease Division, United States Public Health Service. The MacMillan Company, New York, 1949. Price, $5.50.

This book succeeds in its objective, as stated in the introduction: "To give busy individuals a practical understandng of the principles underlying the modern diagnosis and treatment of syphilis." It is based, for the most part, on the author's experience with penicillin therapy at Bellevue Hospital, New York City.

Tryparsamide is so inferior to fever therapy and peniillin in the treatment of neurosyphilis that its use has been abandoned entirely since 1939 at Bellevue Hospital. Although BAL (2, 3 dimercaptopropanol) is an effective antiarsenical it has not proved of definite value in arsenical encephalopathies. Intrathecal administration of penicillin is condemned. The author doubts that there is any beneficial effect of pregnancy on syphilis.

Penicillin has proved superior to all other forms of antispyhilitic threapy both in safety and therapeutic effectiveness. In neurosyphilis, fever therapy is only recommended when there has been failure in response to penicillin.

Penicillin treatment schedules are now well established, although still subject to change in the light of further clinical experience and pharmaceutical advances in penicillin preparations.

This book is compact, excellently written, and should be well received by all who have occasion to treat syphilis.

EGBERT J. HENSCHEL.

Atlas of Surgical Operations, Second Edition: By Elliott C. Cutler, late Moseley Professor of Surgery, Harvard University, and Chief Surgeon, Peter Bent Brigham Hospital; formerly, Brigadier General, U. S. Army Medical Corps, Chief Consultant in Surgery, European Theater of Operations; formerly, Professor of Surgery, Western Reserve Univesity, and Director of Surgery, Lakeside Hospital; and Robert M. Zollinger, Professor and Chairman of the Department of Surgery, Ohio State University College of Medicine, and Chief of the Surgical Service, University Hospitals, Ohio State University; formerly, Assistant Professor of Surgery, Harvard University, and Surgeon at the Peter Bent Brigham Hospital; formerly, Colonel, U. S. Army Medical Corps, Senior Consultant in Surgery, European Theater of Operations. Illustrated by Mildred B. Codding, A.B., M.A. The MacMillan Company: New York, 1949. Price, $9.00.

This present volume is to bring up to date the original Atlas of surgical operations published in 1939. It contains essentially the same illustrations carried in the original volume but with some improvements and change to present day trends in surgery, some of which have come into the foreground with the use of anti-biotics (sulfas, penicillin, etc.). The introductory section, especially anesthesia and pre- and post-operative care, are very instructive and helpful. The diagrams of gastrointestinal surgery are good but many are too small to understand without considerable study. Many procedures, genito-urinary surgery (male), thoracic surgery, neck surgery, are not mentioned.

The Atlas, however, being directed especially to interns, resident and house doctors, should be a valuable asset to their operating room ob-

servations. There is not enough detail for the aspiring surgeon, who will find its directions too confining.

A. LEE ALBERS.

Operations of General Surgery: By Thomas G. Orr, M.D., Professor of Surgery, University of Kansas School of Medicine, Kansas City, Kansas; Second Edition with 1,700 step-by-step illustrations on 721 figures. W. B. Saunders Company, Philadelphia and London, 1949.

The first edition of this book appeared in 1944 with 1,396 step-by-step illustrations on 570 figures. In one complete volume this book gives the actual operative technic, which is very sound, covering the entire body—plus the complete surgical management of each condition. More than one technic is given for many of the procedures in such a way that the operator can easily pick the technic of most value with the particular problem, which adds to the value of this book. It will help solve not only the common surgical problems but the surgical emergencies as well. Stress is on the more frequent surgical disorders and the operative management of them.

In the Preface, Dr. Orr stated that an operative surgery which contains the essentials of surgical technic in the field of general surgery would serve a useful purpose. He has had years of experience in training young surgeons. This book was written not only for the beginner in surgery, but for the general surgeon as well. The author stated that general surgeons are frequently called upon to perform operations which are usually done by surgeons in the special fields of surgery, and he included many operations with full descriptions and understandable illustrations which ordinarily appear only in the books of surgical specialties. He stated that students of surgery should be familiar with the standard operations in all fields of surgery. He arranged the book, insofar as possible, in systems rather than in strictly anatomical divisions.

Dr. Orr included chapters on Wound Healing and on the Treatment of Fresh Wounds. He stated that without a knowledge of the fundamental principles involved in the healing of wounds, the surgical treatment of wounds to prevent infections, the technic of surgery cannot be mastered. He thoroughly discussed suture materials, etc. A brief description of the anatomy involved is also presented. The indications for operations have been summarized. Descriptions of the most important operations have been preceded by a section of Dangers and Safeguards, thus giving a guide to the beginner in surgery or the inexperienced operator as he develops his technic.

All of the features that made the first edition so popular have been retained in the new 1949 second edition. The beautiful illustrations, noted for their clear, step-by-step demonstrations of technic, have been increased in number. The accompanying text matter is, if possible, even more concise, practical, understandable than in the previous edition. This new edition has 1,700 step-by-step illustrations on 721 figures, with 890 pages. No change has been made in the chapter arrangement, but additions or revisions have been made in every chapter. Many new drawings have been added and some of those used in the former edition have been replaced by illustrations of more modern technic.

The Table of Contents, by chapters:

1. Wound Healing. 2. Treatment of Fresh Wounds. 3. Sutures and Knots. 4. Amputations.

5. Skin and Subcutaneous Tissues. 6. Muscle, Fascia, and Bursa. 7. Tendons and Tendon Sheaths. 8. Thorax and Respiratory System. 9. The Breast. 10. Circulatory System. 11. Abdominal Incisions. 12. Digestive System. 13. Hernia. 14. Bones and Joints. 15. The Nervous System. 16. Sympathetic Nervous System. 17. Lymphatic System. 18. Endocrine System. 19. Congenital Anomalies. 20. Genito-urinary System 21. Female Reproductive System.

In the chapter on Amputations, Callender's technic has been added. Modern technics for lobectomy have been described in the chapter on Thorax and Respiratory System. Most of the old illustrations in the chapter on the Breast have been replaced by new ones. New technics for blood vessel anastamosis have been given in the chapter on The Circulatory System, as well as treatment of embolism, thrombo-phlebitis, and plebothrombosis. The technic of wound closure with steel wire is discussed and a more complete discussion of transverse abdominal incisions has been included in the chapter on Abdominal Incisions. In the chapter on Repair of Hernia, the method using Cooper's ligament has been included as well as additional technics and how to repair difficult hernias. These have been well illustrated and described.

Most important additions were made in the chapters of the Digestive System and the Congenital Anomalies. He gave new technics for esophagogastrostomy, total gastrectomy, pancreaticoduodenectomy, repair of stricture of biliary ducts, colon resections, and prolapse of the rectum. Dr. Orr added the epoch-making work of Blalock, Gross, and others on the surgical treatment of anomalies of the aortic arch. The use of antibiotics has been emphasized in the various chapters.

The references at the end of each chapter are splendid and unusually complete and up-to-date, giving the most recent advancements in the field of operative surgery covering the entire body.

The artists responsible for the beautiful, clear-cut illustrations and drawings are A. Bartenbach and K. Bell.

Conclusions: Many operations are described here which ordinarily appear only in books on the surgical specialties, since the general surgeon in emergencies may be called on to perform operations of almost any nature. It provides the fundamental principles and the latest approved technics that are so important in the operating room.

WILLIAM G. BAKER.

British Surgical Practice: Under the General Editorship of Sir Ernest Rock Carling, F.R.C.S., F.R.C.P., Consulting Surgeon, Wetminster Hospital; and J. Paterson Ross, M.S., F.R.C.S., Surgeon and Director of Surgical Clinical Unit, St. Bartholomew's Hospital; Professor of Surgery, University of London. In Eight Volumes (With Index Volume); Volume 5, Butterworth & Co. (Publishers), Ltd., London, England; the C. V. Mosby Company, St. Louis, Mo., U. S. A., 1948.

This is an encyclopedia of general practice and surgery, written in a brief, clear style. The volume being reviewed covers the subjects "Hodgkin's Disease" to "Lymphogranuloma" in alphabetical manner. Most chapters average from five to ten pages in length and give a quick amount of general information. There is an excellent outline-index at the head of each chapter as well as paragraph titles, on the page margin for rapid fact finding.

The chapter on "Intestinal Obstruction," by Ian Aird, Professor of Surgery at the University of London, is particularly well done. Each chapter is followed by a short bibiliography.

This volume, in general, is lacking in pathological description as well as surgical technic. It would be a valuable asset to any physician's library as a handy reference system.

JOSEPH L. GLASER.

Fundamentals of Otolaryngology; A Textbook of Ear Nose and Throat Diseases: By Lawrence R. Boies, M.D. Clinical Professor of Otolarynology, Director of Division of Otolaryngology, University of Minnesota Medical School. And Associates: Charles E. Conner, M.D, Anderson C. Hilding, M.D., Jerome A. Hilger, M.D., John J. Hochfilzer, M.D., Conrad J. Holmberg, M.D., Kenneth A. Phelps, M.D., Robert E. Priest, M.D., George M. Tangen, M.D. W. B. Saunders Company, Philadelphia and London, 1949.

Lawrence R. Boies, M.D., and his associates, have made a most important contribution to otolaryngologic literature in his Fundamentals of Otolaryngology.

In this beautifully and copiously illustrated text of 443 pages, in which many of the most illustrative diagrams, drawings, and photographs in the literature are used, the entire field of otolaryngology has been presented in a streamlined manner, containing factual, instead of the usual theoretical and historical, treatment of the subject. Particularly those chapters on hearing loss, tinnitus, vertigo, headaches, and nasal allergy, have been dealt with in a brief but comprehensive manner.

The treatment and therapeutic management of ear, nose, and throat problems is also dealt with in a most modern fashion, bringing up to date the use of all anti-biotics and other drugs particularly adaptable to this field.

This book is heartily recommended to the medical student, to the general practitioner, and to the practicing specialist. It also covers the subject in such a fashion as to render it an invaluable source of review material for the specialist who is studying for his American Board of Otolaryngology examination.

MYERS B. DEEMS.

Normal Values in Clinical Medicine: By F. William Sunderman, M.D., Ph.D., Professor of Experimental Medicine and Clinical Pathology, University of Texas Postgraduate School of Medicine; Chief of The Department of Clinical Pathology, and Director of Clinical Research, M. D. Anderson Hospital for Cancer Research, Houston, Texas; and Frederick Boerner V.M.D., late Associate Professor of Clinical Bacteriology, Graduate School of Medicine, University of Pennsylvania, and Assistant Professor of Bacteriology, The School of Medicine, University of Pennsylvania; Bacteriologist,

The Graduate Hospital of Philadelphia; Advanced Bacteriologist, Pennsylvania Department of Health. Illustrated. W. B. Saunders Company, Philadelphia and London, 1949.

This is a brief encyclopedia of biometrics which represents a tremendous amount of investigative work into all fields of biological mensuration. The most striking feature of this book is the tremendous range of fundamental knowledge which is drawn upon in order to present in a convenient and well classified form a digest of current knowledge concerning biological norms.

Each system of the body is taken up in turn and the mass of data is presented in a very attractive and readable form. Clinical measurements of all types, as well as laboratory values, are presented consecutively with heavy reliance upon charts, tables, graphs, and diagrams of all descriptions.

In addition to an excellent classification and presentation of laboratory tests and measurements, there is a good deal of succinct narrative information dealing with various anatomical, physiological, bateriological and other basic considerations. Certain well-established biological concepts are re-examined in the light of more recent information and, where the facts justify, new concepts are briefly presented in their places.

With the increasing dependence upon laboratory data and specialized diagnostic procedures, the clinician has felt an increasing need for more familiarity with norms in order to intelligently interpret the information made available to him. This book fulfills this need beautifully in that it avoids excessive wordiness and preoccupation with technical details on the one hand, and a mere presentation of barren facts on the other.

There is a brief discussion of the anatomical and physiological basis of each determination and, where there is more than one method, several sets of values are presented. The authors have used italics in each section to summarize and briefly set forth the norm values for each determination. The fact that highly controversial subjects are handled adeptly and without confusion makes for much easier reading and enhances the value of the book to one who is in search of a quick answer to a given question.

Five additional sections at the end of the book deal with statistical methods, food values, drugs and their doses, isotopes and life and actuarial tables. These chapters round out the material and are presented as additional reference sources where information in these fields is desired.

This is an excellent reference work which well deserves popularity among medical men. In addition to basic biological information, no specialty has been omitted in the range of information assembled between the covers.

MARTIN M. ALEXANDER.

The nurse plays a particularly vital role in helping the patient to gain psychological acceptance of the diagnosis and in his psychological and emotional preparation for hospitalization. Both in what she tells the patient and in her attitude toward the patient as a person, the nurse can be highly instrumental in laying the foundation for a successful hospitalization experience for the tuberculous patient. Especially during the course of teaching the patient protective measures for himself and his family, the nurse has the opportunity of strengthening the patient's attitude toward hospitalization.—William B. Tollen, Ph.D., VA Pamphlet 10-27, Oct., 1948.

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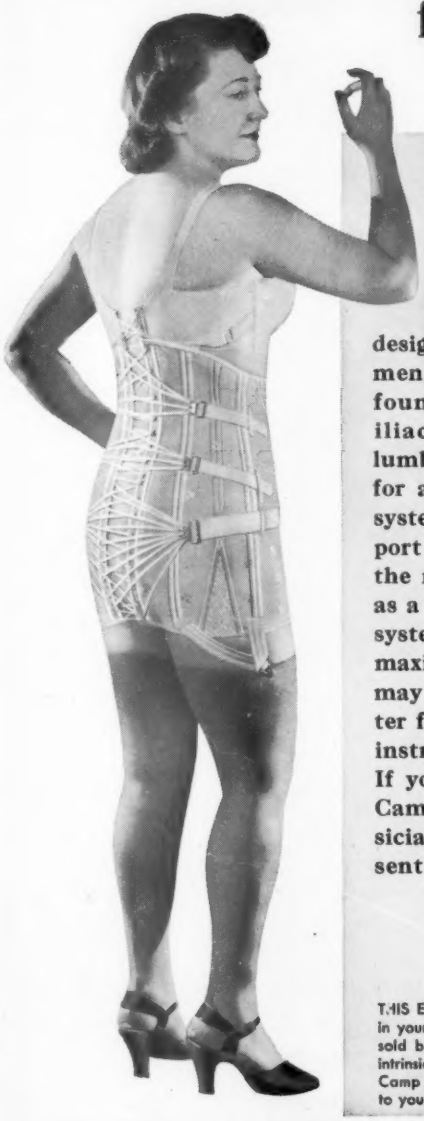

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